Heartland Regional Health Authority

2005-2006 ANNUAL REPORT

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Letter of Transmittal

To the Honourable Len Taylor
Minister of Health

and

the Honourable Graham Addley
Minister of Healthy Living

Dear Minister Taylor and Minister Addley,

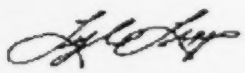
The Heartland Regional Health Authority is pleased to provide you and the residents of the health region with its 2005-06 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2006.

The Heartland Regional Health Authority had many successes during the fiscal year. I would like to highlight three:

- Heartland was a "High Performer" in the Patient Satisfaction Survey conducted by the Health Quality Council. Residents who received health services in one of the region's acute care centres gave the highest satisfaction ratings in the province in that study.
- Project plans for the Outlook and District Health Centre were completed and submitted to tender (thanks to Minister Taylor for participating in the Construction Celebration).
- Health foundations and community donors continued to be valuable partners in providing access to quality health care and ensuring sustainability, as they contributed more than $565,000 to capital purchases last year. In the Outlook area, communities have committed to contribute almost $5.6 million to the Outlook and District Health Centre construction project.

Our overall success is gratefully attributed to the dedication and commitment of employees and the medical staff of the Heartland Health Region, as well as the generous residents who give unstintingly of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,



Lyle Leys
Chairperson

Who We Are

Heartland Health Region is guided by the vision, principles, goals and objectives approved by the Heartland Regional Health Authority in 2002. This framework, adapted from *The Action Plan for Saskatchewan Care*, provides direction for the Authority's decision making about resource allocation and the establishment of Heartland's program and service priorities.

Heartland Vision (2005-06)

Building a province of healthy people and healthy communities

Heartland Principles (2005-06)

1. Quality
2. Fiscal responsibility
3. Being accountable to the people we serve

Heartland Goals and Objectives (2005-06)

Improved access to quality health services	• *Responsive, coordinated Primary Health Care (PHC)* • *Reduce waiting times for surgical procedures* • *Improve Emergency Medical Care* • *Improve hospital, specialized services and long-term care*
Effective health promotion and disease prevention	• *Better promotion of health and disease prevention* • *Improve the health of Northern and Aboriginal communities*
Retain, recruit and train health providers	• *Improve utilization and availability of health human resources* • *Develop representative work places* • *Create healthier more effective work places*
A sustainable, efficient, accountable & quality health system	• *Ensure quality, effective health care* • *Appropriate governance, accountability and management* • *Sustain publicly funded and publicly administered Medicare*

Code of Conduct, Ethics and Values

Specific policies and procedures guide the Regional Health Authority and provide a framework for its governance responsibilities (please see page 65 for more discussion about this topic). One of these policies identifies a Code of Conduct which carries expectations for 'ethical and businesslike' conduct on the part of individual Authority members.

The Authority is required to balance the public's high expectations for health care programs and services within the human and financial resources that are available, and the context of the day. The Authority is often faced with resource allocation and health service decisions that create an ethical dilemma. An ethical dilemma occurs when one or more values compete or are in conflict with each other about a decision that needs to be made. Ethical issues also play significant roles in daily decisions that are made about patient treatment, long term care resident services and the community services provided in region.

To provide greater focus in sorting through ethical issues, the RHA remains actively supportive of and involved in the Ethics Advisory Committee (EAC) that was established in 2004 as one of the three board committees (the other two being the Executive and Audit Committees). The EAC meetings focus on ethical issues, as well as the development of program initiatives that further the understanding of ethical principles throughout the Region (e.g. Dialogue on Ethics Workshops – Fall, 2005).

As previously identified, the RHA has established three principles that guide the many required decisions for health programs and services (Quality; Fiscal responsibility; Being accountable to the people we serve).

The region has also developed Leadership Values that are intended to be a basis for how management and staff work with each other and a guide for the actions and behaviour of all employees in providing health services to Heartland residents. Heartland has embraced the following leadership values:

INTEGRITY

"Integrity is what we do, what we say, and what we say we do." Don Galer

EMPATHY AND COMPASSION

Non-judgmental listening and support that reflects caring and sensitivity in our interactions with patients, residents and colleagues.

HONESTY

Straight-forward, open and truthful behaviour where people take full accountability for their actions.

TRUST

Confident in the belief that colleagues are truthful and authentic in their communication and actions.

MUTUAL RESPECT

Reflects a high regard for the unique abilities, talents, feelings and opinions of others.

COURAGE

A willingness to act on one's convictions and beliefs and to take responsibility in doing what needs to be done.

ABUNDANCE

A mindset that focuses on our 'abundance' of resources and individual talent to creatively accomplish what is necessary. It is a mindset that does not focus on the 'scarcity' or 'lack of'.

Administrative Structure

The RHA has identified the broad responsibilities that provide for and support all regional health programs and services in Heartland through the portfolio responsibilities shown in Figure 1. Under the direction of the President/CEO, the portfolio responsibilities of Human Resources, Community Services, Health Services, Corporate Services and Corporate Planning are carried out under the leadership of Heartland's five Vice-Presidents. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 2.

The physicians who carry out the role of Senior Medical Manager and the two Deputy Medical Managers constitute another important part of Heartland's organizational structure. They provide essential guidance and advice that assists the region in aligning health programs and services with the professional skills of physicians practicing throughout Heartland. This part of the organization helps to ensure the flow of information between physicians and the region.

Figure 1. Heartland Health Region Portfolio Responsibilities

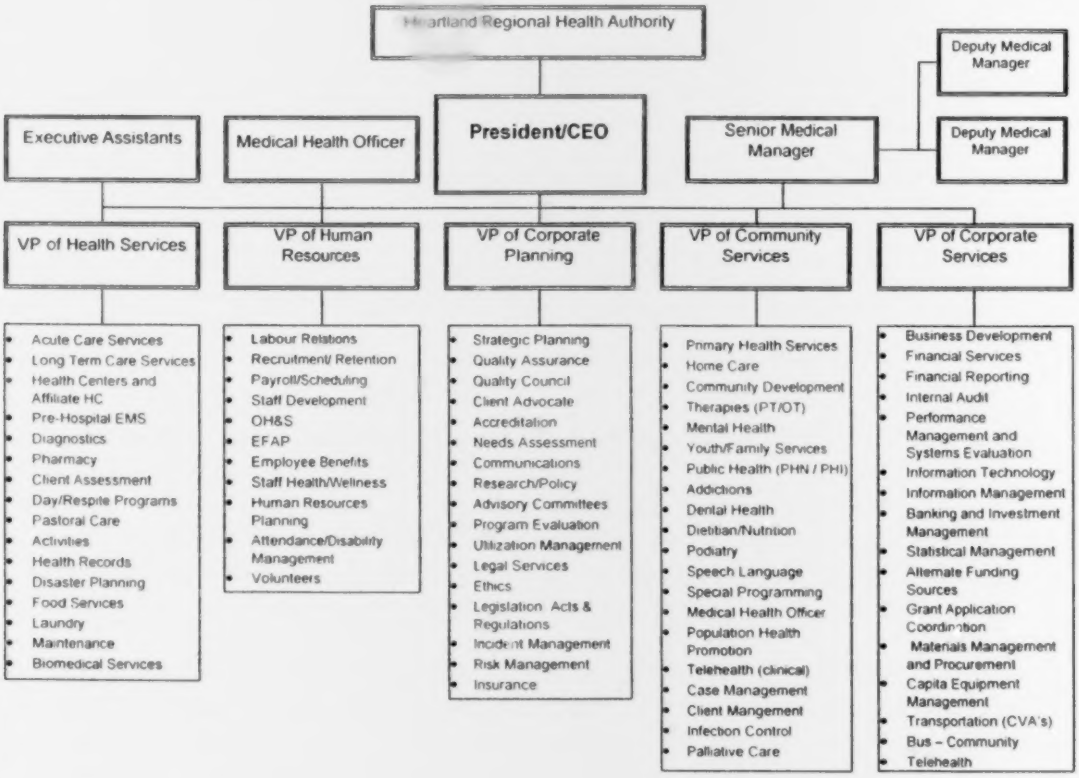
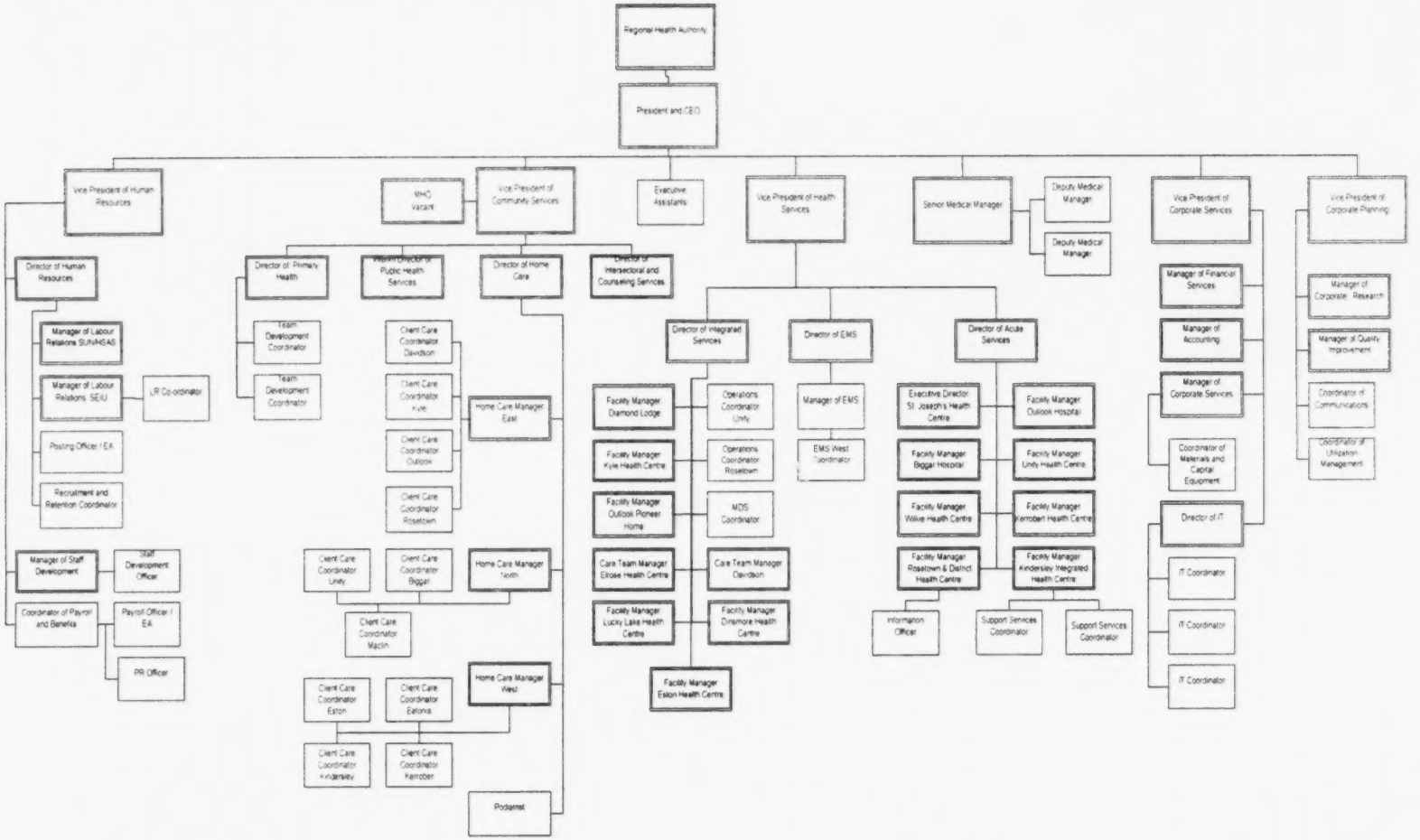


Figure 2. Heartland Health Region Organizational Chart



Health Care Organizations

BridgePoint Center for Eating Disorders, Milden

Heartland is proud to be home to this provincial program that offers intensive recovery programming for people and families struggling with eating disorders. Now completing its ninth year of operation, BridgePoint has opened its door to patients from across western Canada, and has garnered national attention for its groundbreaking work. Governed by an independent Board of Directors, BridgePoint is located in the Village of Milden. The Heartland Health Region has maintained a strong relationship with the BridgePoint Board of Directors through the representation on the board.

The Centre provides options that include intensive rehabilitation, recovery and healing for people who experience eating disorders - coping through a range of food, body and weight-related behaviours. The retreat atmosphere offers peace, quiet, privacy and simplicity. Services are available to women, men, adolescents and their families. The program provides a team-based approach with an emphasis on group learning experiences.

Saskatchewan Health funding for this program flows through the HHR. Heartland is both respectful and supportive of the groundbreaking work taking place through the dedicated staff and Board at BridgePoint.

Canadian Mental Health Association, Kindersley

The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by Saskatchewan Health through the Heartland Health Region. The Kindersley Branch focuses on health promotion and education activities in the Kindersley area. The CMHA partners with Heartland Health Region and other community agencies in carrying out these activities.

St. Joseph's Health Centre, Macklin

St. Joseph's Health Centre in Macklin operates as Heartland's only affiliate Health Care Organization. St. Joseph's has its own Board of Directors that oversees the operation of the Health Centre through its Facility Manager. Heartland Health Region is represented on the St. Joseph's board by a member of the Authority, Betty Shapka.

St. Joseph's offers: out-patient treatment; emergency stabilization; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and 4 program beds, and works in partnership with the Heartland Health Region in providing space for regional programs including community services, home care and Heartland's EMS ambulance services. Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Programs and Services

Hospital/Acute Care
Acute care services in Heartland were provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley) as designated under the Saskatchewan Action Plan for Health Care. The region's seven hospitals provided 82 designated acute care beds that offered services including emergency stabilization, emergency obstetrical, low-complexity surgeries and diagnostic services.

Table 1 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Institutional Supportive Care
Heartland provided Institutional Supportive Care (Long Term Care) services with the available 509 beds that are dispersed in facilities throughout fourteen communities. Requests for placement in Long Term Care facilities are prioritized based on need and availability of beds. Heartland's facilities offered an additional 53 program beds that provide respite, palliative convalescent and observation programs. During the past twelve months, the number of vacant Long Term Care beds in the Region after all requests for placement were met ranged from 0-15.

Emergency Medical Services
Emergency Medical Services (EMS) responded to more than 3000 calls from 17 sites dispersed throughout the Region. Low call volumes in several sites coupled with a significant increase to standby/on call rates raises the dominant issue of how to effectively manage costs while providing quality care.

Home Care Services
Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, home oxygen therapy and adult wellness clinics. Home Care also provided short-term acute care services on an as-needed basis.

Heartland residents who wish to live as independently as possible for as long as possible can apply for ***individualized funding.*** Under this arrangement, individuals who qualified for home care services delivered by Heartland Home Care employees received equivalent funding with which they hired and managed their own employees to provide care.

Community Care Services
The region continued to provide a wide range of programs to residents, including family, adult, child and youth counselling; mental health rehabilitation; addictions services; public health nursing; public health inspection; public health nutrition and community dietitian services; dental health education; speech language therapy; occupational and physical therapy; and podiatry.

Services are often delivered by a single dedicated professional. The region provided access to each program in many communities.

Table 1. Summary of Acute, Long Term Care and Program Beds located in Heartland Health Region Facilities (2005-06)

Facility	*Program Offered*	*Acute*	*Over Flow*	*Long Term Care*	*Temp. LTC*	*Program*	*RBC Total Beds in Operation*
District Hospital							
Kindersley Hospital/	Acute, Program	16	5	0		5	26
Heritage Manor	LTC	0	0	78		2	80
Community Hospitals							
Biggar Hospital	Acute	13	0	0		2	15
Davidson & District Health Centre	Acute, LTC, Program	2	0	30 *(3 temp)*	4	4	38
Kerrobert Hospital/	Acute, Program	6	4	14**	1	2	26
Buena Vista Lodge	LTC	0	0	28		0	28
Outlook Union Hospital	Acute, LTC, Program	6	4	0	3	6	16
Rosetown & District Health Centre	Acute Program	14	2	0		5	21
Unity & Dist. Health Centre	Acute, LTC, Program	10	0	33		2	45
Sub Total Hospitals		**67**	**15**	**184**		**10**	**295**
	** Unlicensed long term care beds						
Health Centres							
Dinsmore Health Centre	LTC, Program (except stabilization (16 hrs/day)	0	0	18	1	3	22
Elrose Health Centre	LTC, Program (except observation & stabilization)	0	0	32	1	4	35
Eston Health Centre	LTC, Program	0	0	34	1	5	39
Kyle Health Centre	LTC, Program, Stabilization (16 hours/day)	0	0	17	1	3	20
Lucky Lake Health Centre	LTC, Program, Stabilization (12 hours/day)	0	0	17	1	3	20
Wilkie Health Centre/ Poplar Courts	LTC, Program	0	0	29		5	34
Special Care Homes							
Diamond Lodge	LTC, Respite	0	0	59		1	60
Outlook Pioneer Home	LTC, Day/Night, Respite	0	0	49		2	51
Rosetown Nursing Wing	LTC	0	0	22		0	22
Rosetown Wheatbelt Centenial Lodge	LTC, Respite	0	0	26		2	28
Sub Total		**67**	**15**	**487**	**13**	**38**	**626**
Affiliate Health Centre							
St. Josephs - Macklin	LTC, Program	0	0	22		4	26
Grand Total		**67**	**15**	**509**		**42**	**652**

Staff spent a significant amount of time travelling to provide community services. This reality highlights the need to identify more efficient ways to provide direct services to patients and clients.

Primary Health Care Services

Heartland Health Region recognizes Primary Health Care (PHC) as a holistic way of responding to the health needs of residents. The region relates to PHC as "a way of life; a way of providing and delivering service. It is about access, about being client-centred and about deliberate delivery of service." (*Health Canada, 2005).* Primary Health Care is based on a framework containing four pillars:

- ***Teams*** of health professionals
- ***Information*** sharing for better individual decisions
- ***Access*** to the right services when and where they are needed
- ***Healthy living*** that focuses on prevention and keeping you well rather than just treating you after you have become sick.

Information provided by the Canadian Institute for Advanced Research indicates that the health care system has about a 25% influence on an individual's health, with the remaining 75% of health affected by factors outside the health system. The range and complexity of those factors, as well as the incidence of disease and illness, requires health professionals to place a premium on effective, coordinated and comprehensive responses. In this way, PHC helps to encourage and support individuals to take greater personal responsibility for their health through healthy behaviours and lifestyles, and treat an individual who is sick or in failing health.

For more information about the region's progress in any of the areas listed above, please refer to the discussion listed in Goals 1 and 2, located in the section titled *2005-06 Performance and Results* beginning on page 22 of this report.

Risks to Health Services

Heartland's risks to health services are inextricably linked to the recruitment and retention of health professionals. Difficulty in recruiting health care professionals to work in long term care facilities and community hospitals in the region's smaller rural centers often results in temporary or longer term disruption to service levels.

To address these situations, a variety of staffing mix and staff scheduling options were implemented to provide the necessary nursing coverage. Retiring nurses in some communities have stayed on longer in the hopes that nursing replacements can be recruited.

In many Heartland communities, the limited availability of replacement staffing leaves the health facilities in a situation of being one resignation or retirement away from a service disruption. The continuous reality of limited replacement staffing has been identified by staff as a significant contributor to stress in the workplace. To address this situation in the region's larger centers, Heartland has created relief RN positions to provide replacement staffing for vacation and other predictable leave of absences of permanent RN staff.

Current vacancies in nursing, physical therapy and public health inspection limit the services that the region can provide to Heartland residents.

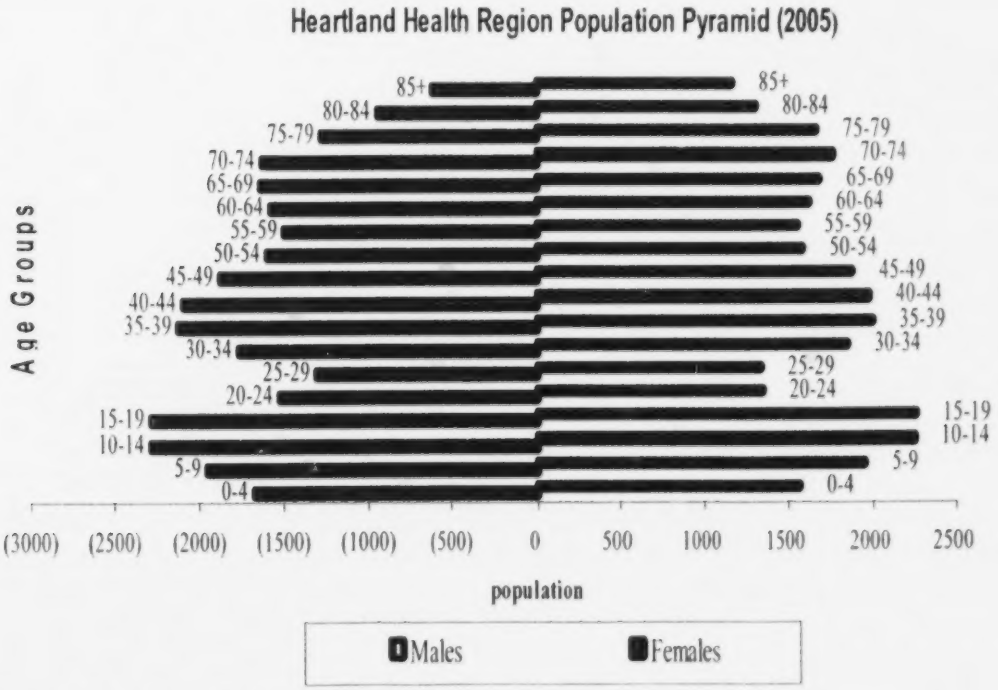
A quality workplace is very important to the region's ability to recruit and retain health care professionals. Concerted efforts are being made to focus on initiatives that increase capacity for a healthy work/life balance. For more information on Heartland Health Region responses in this area, please see the discussion under Goal Three, beginning on page 24.

Our Region

The Heartland Health Region is located in west central Saskatchewan. It covers some 41,770 square kilometres of land, and has 44,124 residents. Within its boundaries, there are 64 towns and villages, 44 rural municipalities, and approximately 18 Hutterite Colonies. Somewhat atypical for Saskatchewan health regions, Heartland has no First Nation communities within its borders and has a very low number of aboriginal residents. The region's largest urban centre is Kindersley (with a population of 4,825). Other major centres include Rosetown (2,611); Unity (2,421); Biggar (2,410); and Outlook (2,348). Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may impact the health of a portion of Heartland's population by contributing to social isolation and creating challenges in terms of access to services..

In 2005, Heartland's population was evenly divided between males (50.1%) and females (49.9%). The largest age groups were in the 10-24 year age range (23% of total population) and the 45-59 year age range (21% of the total). Some 36% of the region's population is 50 years of age or over, compared to 31% at the provincial level. Heartland's *dependency ratio* indicates that for every 100 working-aged residents (i.e., those aged 15 to 65 years), there are 55.8 dependants (i.e., children under age 15 years and/or elders over age 65 years). This informs us of current demands on formal and informal care giving in the region. Figure 3 provides a further breakdown of Heartland's 2005 population by age and sex.

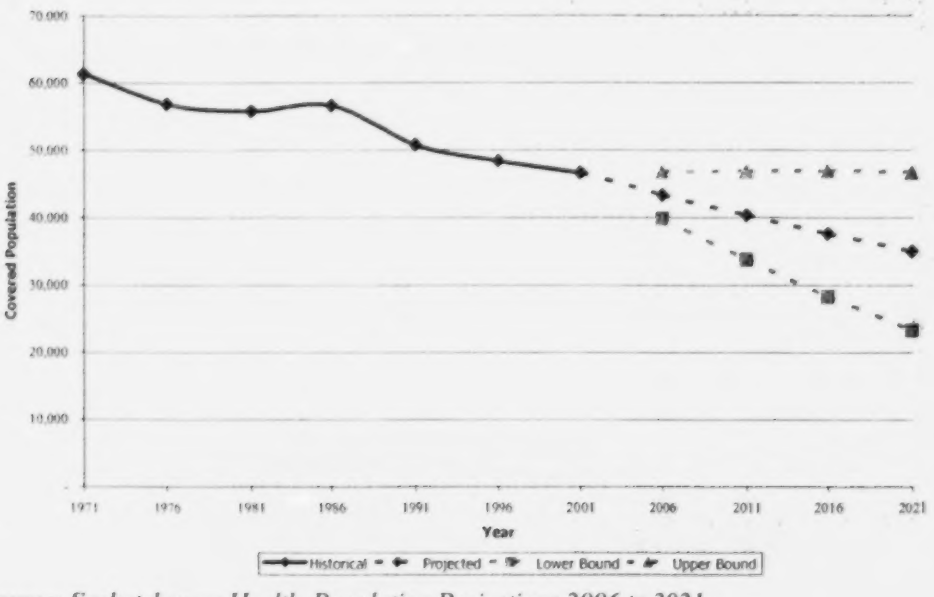
Figure 3. Heartland Health Region 2005 Population by Age and Sex.



Source: Saskatchewan Health. Covered Population, 2005

Between 2000 and 2005, Heartland's population declined approximately 9% (from 47,082 to 44,124 people). Population projections from Saskatchewan Health show that this trend is expected to continue for Heartland, and indeed, for all of Saskatchewan's southern, rural health regions. If their projections are accurate, Heartland's population for 2011 could be in the range of 40,249 (with projections as low as 33,722) and 34,927 by 2021 (see Figure 4). Population growth rates are affected by a variety of factors, including migration and changing fertility rates (e.g., a trend toward smaller families, fewer women of child bearing years living in an area, etc).

Figure 4. Historical and Projected Population for Heartland Health Region, 1971 to 2021.



Source: Saskatchewan Health. Population Projections 2006 to 2021.

Determinants of Health

Biology and genetics are critical in determining health, as are health services (particularly those directed at preventing disease, and maintaining and promoting health), but other factors also contribute. Non-medical factors such as income, education, employment, gender and culture play a large role in determining overall health. The following summary identifies these other factors and includes data showing how Heartland residents fare.[1] Information that has been updated since the 2004/2005 Annual Report is italicized and enclosed in square brackets.

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1 Source: Health Canada. Population Health: What Determines Health: Key Determinants. Retrieved May 10, 2004 from http://www.hc-sc.gc.ca/hppb/phdd/determinants/index.html#key_determinants

Determinant of Health	Heartland Indicators
Income and social status ***Health status tends to increase with increases in economic and social status.***	○ The average annual earnings for working residents was $22,300 (SK rate was $25,691). ○ The median income for residents over the age of 15 was $19,436 (SK rate was $19,636). ○ The median family income for coupled families was $52,600 (SK median $54,341). The median family income for lone-parent families was $28,894 ($24,787 for SK). □ 9% of Heartland families (roughly 1 in 10) reported 2000 incomes below the low-income cut-off (SK rates 12%, Canadian rates 13%) and 26% of unattached people (approximately 1 in 4) reported incomes below the low-income cut-off (36% SK, 38% Canada). Incomes below the cut-offs result in people spending disproportionate amounts of money for food, shelter, and clothing. **O** *[Food insecurity (i.e., difficulty accessing or affording nutritional food) is estimated to be a problem for ~10% of Heartland's population.]*
Healthy physical environment ***The physical environment we live in, work in, breath in, grow our food in, and drink our water from, plays a role in determining health.***	→ Fewer than 1 in 5 of the region's residents report exposure to second hand smoke either at home (less than 10%) or in public places (less than 20%). ⊃ *[Almost 9% of residents report being exposed to second hand smoke in their workplace.]* ♦ *[The quality of drinking water in Heartland is consistently good, with no Emergency Boil Water Orders (EBWO) in the past 5 years and 3 Precautionary Drinking Water Orders (PDWO) currently in effect (as of May 5, 2006).]*
Education and literacy ***In general, as education and literacy increases, so too does health status.***	○ Three in ten Heartland residents have graduated from high school and/or had some post-secondary education, compared with the SK rate of 33%. ○ Approximately 1 in 4 (24%) of the region's residents between the ages of 20 and 34 have not graduated from high school, which is somewhat higher than the SK rate of 22%.

○ Source: Statistics Canada: 2001 Community Profiles. Retrieved April 20, 2005 from http://www12.statcan.ca/english/Profil01/Details/details1.cfm?SEARCH=BEGINS&ID=19637&PSGC=47&SGC=734707&DataType=2&LANG=E&Province=All&PlaceName=heartland%20regional%20health%20authority&CMA=&CSDNAME=Heartland%20Regional%20Health%20Authority&A=&TypeNameE=Health%20Region&Prov=

□ Source: Statistics Canada: 2001 Census. Retrieved April 20, 2005 from http://dissemination.statcan.ca/english/freepub/82-221-XIE/2004002/nonmed/living3.htm

→ Source: Statistics Canada: Canadian Community Health Survey, 2003; 2000/2001. Retrieved April 20, 2005 from http://www4.statcan.ca/survey/2004WES_InviteE/proceed.cgi?loc=http://dissemination.statcan.ca/english/freepub/82-221-XIE/free.htm

O Heartland Health Region (2005). Assessment of Access to Nutritious Foods within the Heartland Health Region

⊃ Saskatchewan Cancer Agency: Provincial Tobacco Use Survey, 2005

♦ Saskatchewan Environment: Provincial Boil Water Advisory Database. Retrieved May 5, 2006 from http://www.saskh2o.ca/advisories/Currently%20In%20Effect.pdf

Healthy child development ***Proper food and nutrition, a secure home life, and social and mental stimulation help ensure healthy child development.***	▪ More than 8 in 10 of Heartland's 2 year olds have received their recommended primary immunizations (SK's rate is 7 in 10). o Heartland's rate of infant mortality has risen from a 3-year average of 5.08 deaths per 1,000 live births in 1998-2002 to 5.76 per 1000 in 2001-2004. Despite this slight increase, Heartland's current infant mortality rate remains lower than the Saskatchewan rate (5.89 per 1,000; 2001-2004).
Employment and working conditions ***People who are employed and those who have good working conditions tend to be healthier than people who are unemployed, underemployed, or who work in stressful or unsafe jobs.***	Ø The region's 2004 unemployment rate was 3.8 (SK rate was 5.0). □ Heartland's long-term unemployment rate (people aged 15 and over who did not have a job anytime in the previous or current year was 1.5 in 2001 (3.2 for SK).
Personal health practices and coping skills ***Personal health practices and coping skills are important determinants of health.***	▪ Some 24% of Heartland's male and 14% of female residents over the age of 12 smoke (SK rates were 25% and 23%). Although all smoking rates are cause for concern from a health perspective, these numbers are down slightly from the previous year and, when compared to other SK health regions, Heartland has the second lowest smoking rate among females. → 54% of the region's population self-report moderate self-esteem and 30% high self-esteem. → 49% of Heartland's population (approximately 1 in 2) report having had 5 or more drinks on one occasion during the year, and 22% of these people report having done so 12 or more times in the year. → 58% of residents report having had fruits and vegetables less than 5 times per day and approximately 30% report having had fruits and vegetables 5 – 10 times per day. → 1 in 5 report high levels of life stress. → Almost half of the region's population reports being inactive, a higher proportion than in Saskatchewan as a whole. → *[Almost half (47%) of women in Heartland between ages 50 and 69 years report having regular mammogram screening (SK rate is 44.7%).]* → *[Over 80% of women in Heartland aged 18 to 69 years reported having had a Pap Smear within the last 3 years (SK rate is 76.2%).]* → *[Over 30% of men in Heartland over age 35 reported having ever had a Prostate Specific Antigen screening blood test (SK rate is 32.7%).]*
Gender and culture ***Gender and culture contribute to health.***	o Of Heartland's population over the age of 85, 35% is male and 65% is female (SK was 33% and 67%, respectively). o 97% of Heartland residents were born in Canada (SK 95%) o Less than 2% of the region's population identified as aboriginal (SK was 14%). o Less than 1% identified as being a member of a visible minority (SK rate was 3%). o Fewer than 1 in 10 (9.5%) spoke a language other than English or French (SK was 13%).

Ø Statistics Canada, Labour Force Survey, special tabulations. Retrieved June 15, 2006 from: http://www.statcan.ca/english/freepub/82-221-XIE/2005002/tables/pdf/224104.pdf

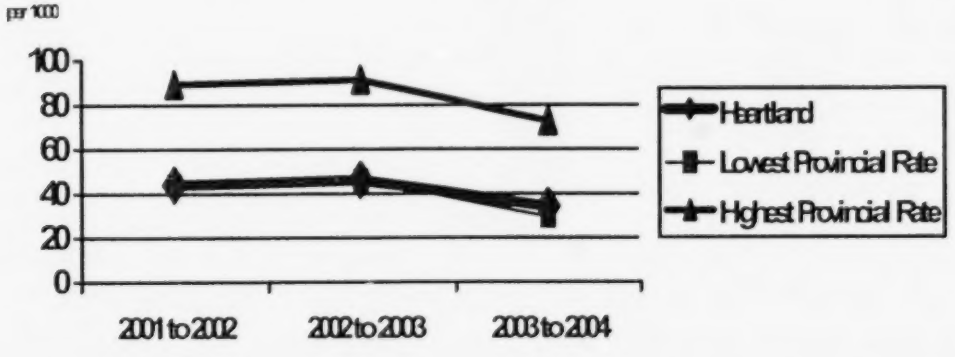
▪ Source: Saskatchewan Health: Health Status Performance Management Indicators, 2005/ 2006.

Health Status

Data on all of the health status indicators below are identical to those reported in last year's Annual Report, as data sources have not been updated since.

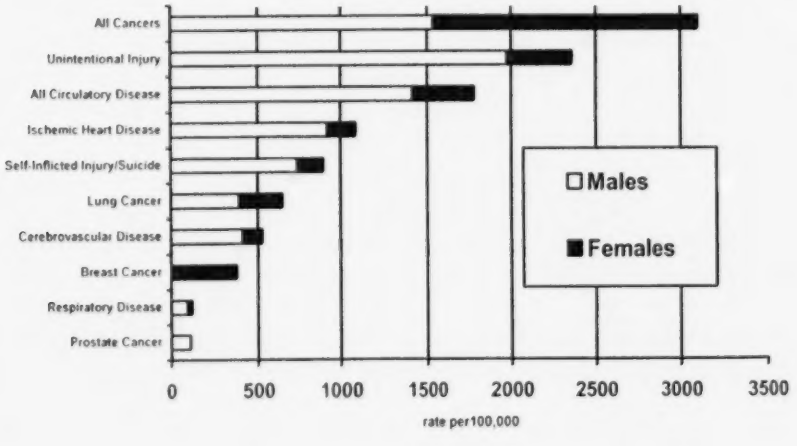
The rate of diabetes in Saskatchewan has increased over the past decade, but has dropped slightly in very recent years. Based on 2003-2004 estimates, 46.1 persons per 1000 persons in Heartland Health Region live with diabetes. Although this rate is among the lowest of the health regions in the province, diabetes remains a serious threat to the well-being of the region's population. Promotion of healthy living habits like nutrition and physical activity help to mitigate the risk of developing diabetes, and are being addressed through the Diabetes Strategy and the Chronic Disease Management Collaborative.

Figure 5. Age-Adjusted Diabetes Prevalence Rates per 1000, Heartland Health Region and Highest and Lowest Provincial Regions (2001-2004)



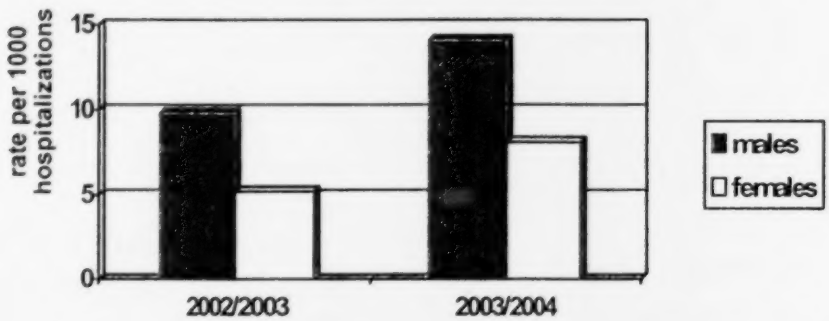
Potential Years of Life Lost (PYLL) is an indicator of premature mortality. PYLL signifies the number of years of life "lost" prematurely when a person dies of any cause, before age 75. Figure 4 shows the leading causes of "early" death (i.e., PYLL) among men and women in Heartland Health Region.

Figure 6. Potential Years of Life Lost (PYLL): Top causes of early death in Heartland Health Region (2001)



Injuries are the second leading cause of early death (potential years of life lost - PYLL) among Heartland residents, especially among males. Injuries resulting in death account for 7,485 of every 100,000 deaths among males under age 75. The injury hospitalization rate per 1,000 population age 0 to 19 years has risen from 5.2 in 2002-2003 to 8.1 in 2003-2004 for females, and from 9.8 in 2002-2003 to 14.1 in 2003-2004 among males. Heartland's overall rate of injury hospitalization among children and youth nearly doubled between these two time periods (6.65 to 11.1 per 1,000).

Figure 7. Injury Hospitalizations per 1000 Ages 0 - 19 in Heartland Health Region (2002/2003 and 2003/2004)



Provincial data indicate that the leading cause of injury for all ages is falls, followed by motor vehicle accidents. Farm-related injuries, as well as those sustained by oil workers in the oil patch may be typical causes of injury in Heartland. An in-depth investigation as to the leading causes of injuries in the region will inform where appropriate prevention strategies might be aimed.

Results at a Glance: Major Initiatives and Accomplishments

This section briefly highlights the significant events and accomplishments that the Heartland Health Region has achieved throughout the fiscal year, including performance, operational, and financial achievements that pertain to regional and departmental goals, as well as a financial summary.

Goal 1 – Improved access to quality health services

- Consolidated provision of mental health services to five communities in the region reduced staff travel time
- Obtained the services of a paediatric psychiatrist from Saskatoon for one day a month
- Provided more than 80 free influenza clinics in 33 communities
- Improved access to care in provincial hospitals by implementing the Acute Care and Critical Care Access Lines
- Established Automated Electronic Defibrillation (AED) sites in the following communities: Rosetown, Landis, and in 3 Kindersley locations, and an Industrial Electronic Defibrillation (IED) site at the Unity SIFTO Salt Plant.

Goal 2 – Effective health promotion and disease prevention

- Supported the participation of Heartland physicians in the Health Quality Council's Chronic Disease Management Collaborative
- Provided Risk Education and Assessment Program (REAP) services in 5 locations (Biggar, Kindersley, Outlook, Rosetown and Unity) to 882 individuals between July 1/05 to Mar. 31/06
- Regional Intersectoral Committees, the West Central Municipal Government Committee, REAP and Schools^{PLUS} were utilized as networks through which to share public and population health information
- Provided 7769 influenza vaccinations to individuals older than 65 years, and those with specified risk factors
- Ran a "Be a Radio Star" contest which received 97 entries from school students for 30-second radio spots about healthy living.

Goal 3 – Retain, recruit and train health providers

- Standardized 5-week orientation period for new practitioners of nursing
- Implemented experienced RN on-call system to support new practitioners of nursing practicing independently
- Partnered with Saskatoon Health Region to access training and information about engaging and managing an intergenerational workforce
- Provided internships to 27 students in RN, LPN, Pharmacy, Nutrition, Occupation/Physical Therapy Assistant and Physical Therapy programs
- Hosted 5 first-year medical students to complete a clinical observership through the Community Experience Program
- Provided more than 1,100 clinical and support staff with the opportunity to participate in 170 different education and training opportunities related to their program areas

- Provided Aboriginal Awareness Training to 156 Heartland employees (9.5% of total staff complement), as well as to more than 40 out of scope staff (2.4%) of total staff complement)

Goal 4 – A sustainable, efficient, accountable and quality health system

- Submitted Outlook and District Health Centre project plan to tender
- Developed regional Staffing Guidelines to ensure consistent staffing levels among Heartland facilities
- Completed the Institute for Safe Medication Practices self-assessment process in Kindersley Integrated Health Centre with a view to sharing the learnings throughout the region
- Implemented a Materials Management system that is fully integrated into the financial system
- Conducted quality improvement Plan-Do-Study-Act cycles in the areas of care enhancement, medication reviews and implementation of Beer's Criteria, a protocol that suggests alternative medications to reduce side-effects and their negative consequences
- Developed and communicated a regional Long Term Care philosophy to residents, families and employees
- Launched Heartland's First Annual Bio-Ethics Week with workshops attended by more than 65 employees in 3 communities

Financial Summary

- Before transferring $341,846 to capital, there was a surplus of $875,710. The remaining $533,864 constitutes less than 1% of region's total budget.
- Three collective agreements were settled, with retroactive salary payments made for previous years, thus causing variances in both the funding and expense sides.

Performance Resuits: Progress and Results

This section of the Heartland Health Region's Annual Report to the Minister of Health contains a discussion of Program-Specific and Organizational Effectiveness Indicators. Heartland Health Region uses this information, as well as input from the department, community stakeholders, employees and physicians to guide priority-setting and decision-making in advancing the goals established by the Department and the region. All data provided was supplied by Saskatchewan Health, unless otherwise noted.

Goal 1: Improved access to quality health services

The Heartland Health Region contracted itinerant specialist services, including general surgery, cardiology, urology, orthopaedics, obstetrics and psychiatry, from neighbouring regions. As well, the region implemented access to both the Acute Care and Critical Care Access Lines. In this way, Heartland physicians were able to access specialist care in Saskatoon or Regina that could not be provided within the region, and organize the timely transfer of patients to the appropriate care setting.

Wait Lists

The Saskatchewan Surgical Care Registry (SSCR) was implemented in the Kindersley Integrated Health Centre and Rosetown and District Health Centre, in accordance with the provincial framework and the policies and procedures developed through the Saskatchewan Surgical Care Network.

Heartland residents experienced minimal delays in accessing surgery that is performed in the region. The average wait time is 2 months or less. Seventy-six percent of Priority Level II, and 100% of Priority Level III and IV surgeries were completed with target time frames. There were 708 surgeries performed in the region: 487 in Kindersley and 221 in Rosetown.[10] Local physicians performed 121 inpatient surgeries, and visiting specialists, 36. Local physicians performed 126 day surgeries, while visiting specialists performed 457 day surgeries.

Primary Health Care

Heartland Health Region continued its commitment to Primary Health Care by dedicating additional resources to build capacity in the region in support of using teams to provide services in a number of locations. Because services delivered from the Eatonia Health Centre were included in this year's calculation, the region saw an increase from 8% to 11.9% in the percentage of Heartland's population with access to a primary health care team. The region shares the services of a physician and nurse practitioner with the near-by community of Leader in the Cypress Health Region. As well, Heartland has identified the need for a comprehensive education and communications campaign to increase the understanding of and appetite for Primary Health Care among staff, physicians and the general public.

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[10] This data, supplied by Heartland Health Region, is more current than that available from Saskatchewan Health, which indicates that a total of 137 Level II, III and IV surgeries were performed in Heartland.

The Eatonia and area Rover EMT-A model completed its first full year of service, delivering Emergency Medical Services, and Population and Primary Health Care education and activities to local residents. A six-month evaluation of the Rover indicated that staff spent approximately 75% of their paid hours in support of Population Health Promotion (PHP) and PHC activities in the Eatonia area. Professional development of EMT-A's in the areas of PHC and PHP continued. The evaluation also indicated that the majority of EMS-related indicators scored in the acceptable to excellent performance range, and pointed to a number of opportunities for improvement to Rover's EMS service that will be addressed by the appropriate EMS working group.

Mental Health and Addictions Services

The Heartland Health Region continued to provide community care services in the areas of mental health, drug and alcohol education and counselling. The region established a protocol to provide alcohol and drug detox services at the Kindersley Integrated Health Centre.

With changes to staffing occurring in the Mental Health and Addictions programs, the region designed and implemented a more coordinated approach to service provision in those two programs. Services were consolidated to be provided from the following communities: Biggar, Unity, Kindersley, Rosetown and Outlook. The realigned distribution of staffing is expected to use staff time, and enable the region to serve clients more effectively by reducing travel time and thus, increasing clinic time.

Heartland also obtained the services of a Child Psychiatrist who will make monthly visits to the region. To reduce and/or prevent readmission of individuals with mental health issues to hospital, and provide better support for them in their homes, the region submitted a proposal to, and received funding from Saskatchewan Health to increase "Acute Mental Health Home Support." Three individuals received the benefit of this additional funding, which was used to coordinate their discharge from Inpatient Units back to either a regional or community hospital, or to their home. Home Health Aides received training from Mental Health staff, and a video of the presentation was produced for future training.

Long Term Care

As in previous years, Heartland experienced lower demand for than supply of LTC care beds. Over the year, the region experienced up to 15 empty LTC beds each month, after placements were made. Residents did not wait to access a space in a long-term care facility. On average, individuals waited 7 days between placement request and assessment, and a further 4 to 5 days between placement approval and admission. Individuals who were not immediately placed in their home communities were placed on a transfer list to return as beds become available.

The tension between the need to realign the delivery of Long Term Care services on a regional basis, and the pressure to maintain current infrastructure in Heartland Health Region continued. Heartland has many small facilities dispersed throughout the region. The costs per bed to operate a small facility are significantly higher than the costs per bed to operate a larger facility. Supporting these ongoing costs remained a continuing fiscal pressure for Heartland. The region is developing long term strategies to address these difficulties.

Emergency Services and Emergency Preparedness
The region targeted resources to develop a comprehensive Emergency Preparedness Program, including a written Emergency Preparedness Plan, a need that was identified in the 2004 Accreditation Survey. The Regional Pandemic Influenza Preparedness Committee prepared a draft plan, and engaged in a table-top simulation to test the plan. Employees were provided with information about pandemic planning, self-care, infection control and influenza versus bird flu with a 4-page payroll stuffer, and articles in the *Heartland Beat,* the region's weekly staff news flyer.

Access Limited by Recruitment and Retention
Like most rural regions, the barrier that most limits resident's access to service is the recruitment of health care professionals. Temporary and permanent staffing mix and service changes have been narrowly avoided in some instances and implemented in others to address shortages of medical professionals, particularly in smaller communities. For more information on Heartland's responses to this issue, please see the discussion under Goal 3 below.

Goal 2: Effective health promotion and disease prevention

A key element of primary health care is the concept of using teams to deliver health care. Individuals, organizations and communities are seen as important member of those teams, through which capacity for, and interest in, taking greater community and personal responsibility for health can be enhanced. Heartland worked collaboratively with intersectoral partners to identify and develop strategies to address issues related to health promotion and disease prevention. An example is the Risk Education and Assessment Program (REAP), through which the region provided assessment and public education around the management of chronic diseases like diabetes. Another is the Regional Intersectoral Committee (RIC), which includes representation from the R.C.M.P., Sun West School Division, the Wild Goose Recreation Association, Prairie West Regional College, Department of Community Resources, Corrections & Public Safety, and Saskatchewan Crime Stoppers.

There are a number of indicators that provide information on how successfully the region is promoting healthy choices, and how well it is meeting the health needs of its residents. For example, Heartland exceeded the provincial average in providing immunization to children by their second birthday. Of the 434 children eligible to receive recommended immunizations, 82% to 86% were vaccinated, a rate which is more than 10% higher than the provincial average. Influenza immunization rates among residents age 65 years and over and those with risk factors increased slightly from 63% (of 8,416 and 8,292 eligible people) in 2002/03 and 2003/04 to 68% (of 8,170 people) in 2004/05.

The region continued to use the media as an effective channel in promoting health and preventing disease. Heartland produced several media releases dealing with West Nile, Hantavirus and Tularaemia that were picked up by all print and radio media. Nutrition information provided by one of the region's dietitians was picked up by many local papers each week. The region provided a daily one minute "Good Health" radio program containing

information about a topical issue each week, followed by a 'made-in-Heartland' 30-second radio spot. Heartland produced a weekly "Health Matters" column in a newspaper circulated free of charge throughout the region. The column featured available health services, as well as information about events, workshops and seasonal health tips. In these ways, the residents of Heartland Health Region were kept abreast of emerging and ongoing health threats and lifestyle choices.

Goal 3: Retain, recruit and train health providers

Heartland Health Region employed 1639 people in 1007.68 Full-time Employees (FTEs) in 2005-06. The majority of employees (714.4 FTEs) belonged to the Service Employees International Union (SEIU), while employees occupying 170.59 FTEs fell under the Saskatchewan Union of Nurses (SUN). Health Sciences Association of Saskatchewan (HSAS) and out of scope positions accounted for 56.44 FTEs and 66.25 FTEs, respectively. The proportion of Heartland employees that fell into each of the above groups/union were as follows: out of scope (4.6%); SEIU (71.9%); SUN (15.5%); and HSAS (8%). The region was home to 29 physicians on March 31, 2006.

The region is particularly proud of two complementary initiatives implemented to assist in recruitment and retention:

1. All new practitioners of nursing will receive a 5-week orientation to the region and its policies and procedures.
2. In some of the region's smaller facilities, it may happen that new practitioners of nursing must work alone on evenings and/or nights. The region has implemented an RN on-call system whereby an experienced acute care nurse will be on-call to provide support to the new practitioner of nursing as needed and requested. The system will be provided as a continuation of the transition from orientation to independent nursing practice for a period of 6 months, with the possibility of extension if required.

Sick Leave, Overtime and WCB Claims

In all union affiliations, Heartland employees experienced about the same number of sick leave hours per FTE as was the Saskatchewan average. Among all affiliations, the Heartland rate was 84.29 hours per FTE compared with the Saskatchewan average of 85.18 hours. SEIU, SUN and HSAS members reported 90.59, 82.43 and 71.95 sick leave hours per FTE, compared with Saskatchewan averages of 90.60, 91.94 and 64.00 respectively. To enhance job satisfaction, the region continued to offer out of scope employees the alternative work arrangements of a compressed work week and flexible work hours. Their sick rate was reported at 31.63 sick leave hours per FTE, compared with the provincial average of 48.09.

As well, Heartland's wage-driven premium hours (30.79 hours per FTE) remained, on average, below the provincial average again this year (38.06 hours per FTE). The exception was in HSAS, where wage-driven premium hours for HSAS members (48.68) were twice the provincial average (24.75). This result highlights the critical shortage of EMS staff in several locations, a situation that the region has identified as a priority to be addressed in 2006-07.

The number of WCB claims per 100 FTEs in Heartland rose slightly from 6.47 in 2004-05 to 6.75 in 2005-06. In both years, however, these rates were lower than the Saskatchewan averages of 8.94 and 8.07, respectively. On the other hand, the number of lost-time WCB days per 100 FTE declined slightly from 199.58 (2004-05) to 190.64 (2005-06). In this area, Heartland was less than half of the Saskatchewan average in both years: 419.10 in 2004-05 and 447.10 in 2005-06. This was the first year that Transfer, Lift, Repositioning (TLR™) training was delivered to all staff. As well, thanks to federal funding, the region purchased equipment to improve safety in workplaces.

Recruitment and Retention

Recruitment to small rural communities remains a challenge. A single retirement or resignation in one of the region's smaller facilities, or a hard-to-recruit professional's vacation, injury or illness can precipitate a temporary change in staffing mix that in turn causes a change in service. Temporary changes implemented as the region advertises or seeks clinical or support staff can become permanent if recruitment is not successful. This situation was increasingly common in small rural facilities, and occurred in Elrose, and was threatened in Dinsmore. Thanks only to the extraordinary commitment of remaining employees who delayed retirement or worked extra shifts, Heartland was able to delay the implementation of staffing mix or service changes in this fiscal year. This situation, however, is not sustainable. Inability to recruit in small facilities negatively affects remaining staff, who step in to work additional shifts, increasing stress and burnout, and reducing the likelihood of retention.

As a cost-saving measure in 2003-04, the region decided to have one manager oversee the management of two facilities, a process referred to as "twinning." Over time, while managers and staff went out of their way make the best of the situation, it became clear to all involved that this initiative has had limited success. This year, the region initiated efforts to 'untwin" facility management, and advertised for Care Team Managers in Wilkie and Elrose. The region intends to pursue a similar process in Kerrobert in the future as resources are identified. In moving to untwin the management of three facilities, Heartland Health Region identified cost increases of up to $145,000 that will be realized in the next fiscal year.

Heartland is proud to have signed an Aboriginal Representative Workforce Agreement in November 2005, along with representatives of SEIU, SUN, HSAS, First Nations and Métis Relations, SAHO and St. Joseph's Health Centre. Although fewer than 1% of Heartland employees self-identified as Aboriginal, and there are no First Nation communities within its boundaries, Heartland has committed to building a representative workforce in which Aboriginal people are employed in all classifications at all levels, in proportion to their population in the province. The region will be creating an Aboriginal Steering Committee to develop strategies to move the initiative forward.

The Heartland Health Region has shared the services of a Medical Health Officer (MHO) with Cypress Health Region for the past several years, but has been informed by him that his services will be withdrawn in the first month of the next fiscal year. Efforts to recruit an MHO to provide exclusive service to Heartland have been unsuccessful to date.

Education and Training
Heartland developed and approved a list of 'required' education programs for Acute, Emergency and Obstetric nurses, including IV Therapy, Cardiac Monitoring, Cardio-Pulmonary Resuscitation and Trauma Nursing Care Core courses. Wound management in-services for staff were held. Following last year's restriction on education funds, the region was pleased this year to provide more training/education opportunities to clinical and support staff than in the previous year. However, the region's education commitments continue to outstrip available funding to provide same.

"Made in Heartland" Strategies
To address workload issues identified by employees, Heartland developed and has begun to implement minimum staffing guidelines for use within facility departments. The goal is to ensure that decision-making about staffing levels is fair and equitable, and evidence-based, while still allowing the flexibility to respond to facility needs. Implementation of the guidelines in LTC facilities will result in significant additional costs.

Collective agreements commit employers to consulting in a meaningful way with employees about decisions made when implementing organizational change. In response, and to ensure that this requirement is met in a transparent and consistent manner, Heartland drafted a *Heartland Consultation Process* to be implemented in the next fiscal year.

In response to results of the 2003 Heartland and 2005 provincial employee opinion surveys, the region increased the frequency and level of communications with its employees. *The Heartland Beat* news flyer was published weekly and circulated to Heartland employees in all facilities, programs, and offices. The region produced a four-page newsletter highlighting recipients of Employee and Physician Recognition awards. Several flyers, newsletters and information pieces were produced and distributed in employee pay envelopes.

Goal 4: A sustainable, efficient, accountable, quality health system.

The Heartland Health Region continued to fulfill reporting requirements outlined by Saskatchewan Health. The region submitted: a Regional Operational / Budget Plan that outlined potential financial requirements; updates of the Diabetes Plan and the Primary Health Care Plan; and the Annual Report for 2004-05.

The Regional Health Authority initiated the development of a three-year strategic planning process closely linked to the development of long term strategies with respect to three areas: Long Term Care Services; Emergency Medical Services; and Primary Care Services. Recommendations developed for long term planning strategies in these and other key areas are being integrated into the region's draft strategic plan.

Quality Improvement
Heartland completed the Canadian Council on Health Services Accreditation (CCHSA) survey and received a three-year Accreditation with Report in June 2004. The required report was submitted to and accepted by CCHSA in July 2005. Heartland's next survey will take place in June 2007. Eight regional Quality Care Committees that represent care, service, or

organizational areas met on a regular basis to work on continuous quality improvement initiatives utilizing the Model for Improvement and Plan-Do-Study-Act (PDSA) cycles where possible.

For example, in cooperation with the local chapter of the Alzheimer Society of Canada, Long Term Care Quality of Care Committee did a PDSA to implement the "Enhancing Care Program" in two regional faculties. Association members worked with facility staff to develop goals for Alzheimer clients using an assessment tool based on 11 guidelines. The program reflects "best practices" for caring for individuals with dementia, and has helped staff enhance their care giving skills by providing opportunities for staff to share their experiences and expertise. The program has the potential to affect not only the lives of people with dementia living in LTC, but also the working conditions for their caregivers. Plans are underway to implement the program in other Heartland LTC facilities.

Two other PDSA cycles were conducted by the LTC Quality of Care Committee. Policies and procedures were developed, and standards established to ensure that quarterly medication reviews are conducted for all residents in LTC facilities who use 9 or more medications. As well, the region used Beer's Criteria to choose the safest, most effective medications.

Heartland's commitment to providing quality care for area residents includes a concern handling program through which clients and patients are able to address concerns or complaints about regional health authority services. The Manager of Quality Improvement dealt with 41 concerns in 2004-05[11], up from 19 in 2003-04. Despite an increase in call volume, the Manager concluded 87.5% of concerns within 30 days, up from 84% in 2003-04. Concerns were about access to service, care delivery, cost, communication or other issues. Critical incidents were reported to the department within the required three days 100% of the time.

Heartland maintained close linkages with Saskatchewan's Health Quality Council. Results of the HQC project, "**Acute Hospital Care in Saskatchewan: *The Patient Perspective*"** completed in 2005 showed that Heartland residents gave very high ratings to the acute care that they received in the region's acute care facilities. The region also participated in the Chronic Disease Management Collaborative, which intends to improve care for patients with diabetes and/or chronic artery disease. The project also aims to improve access to appointments for all patients.

The region has identified the need to closely monitor the occurrence of Grades 3 and 4 pressure sores among residents receiving Institutional Support Care (ISC), which increased from 13 individuals in 2004-05 (Q2) to 17 in 2005-06 (Q2). The region implemented a Wound Care strategy to ensure that wounds are treated consistently in both institutional and home care settings. This strategy may help to reduce the severity of pressure sores among individuals both prior to and after admission to ISC.

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[11] This data, provided by Heartland Health Region, includes all concerns raised within the fiscal year. Data provided by Saskatchewan Health

Providing Efficient, Sustainable Service

Ensuring that health care professionals have access to necessary information technology remained a priority in Heartland, as the region continued to implement provincially mandated systems (e.g. Electronic Health Record (EHR)) and regionally-identified information systems so that residents have the best access to quality health care. The multi-year Information Technology (IT) Plan developed in conjunction with the Provincial Information Technology Plan remains the foundation for the Region's IT initiatives. In 2005-06, the Heartland Health Region group focussed on key mandated integrated clinical initiatives that will move the region toward a comprehensive provincial EHR. Heartland achieved the following milestones in working toward implementing the provincial EHR strategy including:

- Client Patient Indexing (CPI) System Implementations completed in Kindersley Health Centre and Kerrobert Integrated Health Centre, and planning initiated for implementation in Rosetown and District Health Centre
- Initiated implementation of Shared Client Index (SCI) System, the Minimum Data Set (MDS) for Homecare System and a video-conferencing suite into the Unity Health Centre

Health foundations, along with community donors, are important partners in ensuring the provision of sustainable health care. Together, they contributed more than $565,000 to help purchase equipment and upgrade buildings to generally improve the quality of care and quality of life for Heartland residents. As well, communities in the Outlook area have committed more than $5 million toward the Outlook and District Health Centre Construction Project.

Public Confidence, Accountability and Transparency

Heartland continued to conduct its business in a manner to provide clear, relevant, honest and timely information to stakeholders, thereby enhancing the reputation of Heartland Health Region, and increasing public confidence and trust in the organization's leadership and decision making. In support of that concept, the region developed and has begun to implement a comprehensive regional Communications Plan to address reputation management, public confidence and issues and concerns handling with internal and external stakeholders in HHR. Because the local media are important channels in communicating the region's health programs and services to the residents of the region, Heartland carefully cultivated positive relationships with them. The communication plan also includes collaboration with the Minister of Health, Saskatchewan Health and other Regional Health Authorities. The Heartland Health Region website is regularly updated to share information with employees, physicians and the public. All public documents, including media releases, publications and authority minutes are available on the website.

As well, the region undertook specific activities to address public confidence during the year, including:

- Produced and distributed a four-page newsletter, *The Heartlander,* to all households in the region. The newsletter provided overview information about the 2004-05 Annual Report and the 2005-06 Operational Plan, as well as health service highlights.

- Regular and ad hoc communications about pertinent organizational decisions and initiatives with managers and employees.
- Members of the Heartland Health Region Senior Leadership Team visited communities throughout the region to share and collect information about the current status of and possible future 'look' of health service in the region. The feedback collected in the sessions was used to develop a first draft of a strategic plan that will go back to the community for further refinement.

Financial Summary

In continuing to strive for a sustainable health system Heartland was successful in balancing it operating budget by achieving an operating surplus of $533,864[12] for 2005-06. Several factors contributed to this unexpected surplus. Heartland experienced, as did all of Saskatchewan, an unusually warm winter in 2005-06, resulting in savings related to projected costs for utilities. In addition, revenue projections for Long Term Care and Emergency Medical Services were exceeded, and the standardization and coordination of materials management had a significant impact on projected cost reductions for material purchases.

Heartland continues to have limited success in recruiting Physiotherapists and Public Health Inspectors. The result has been that allocated funding was not spent, adding to the surplus.

Three provider union contracts were settled in 2005-06, with retro salary payments made for previous years. This caused both budget and year to year variances in funding and expenses.

Heartland's unplanned surplus has helped strengthen its working capital and overall financial situation.

[12] There was a surplus of $875,710 before transferring $341,846 to capital, leaving $533,864, less than 1% of region's total budget.

Future Outlook/Emerging Issues

Providing quality health services that meet the needs of Heartland residents requires continuous planning, organizing, delivering, monitoring and evaluating. The evaluation of health services and programs provides essential information that guides decisions about where best to apply financial and human resources so that resident health care needs are being met. It is critical that available resources be used where they are needed most.

The region continued to organize and deliver programs and services from facilities based in sixteen (16) communities within the Region. These Heartland facilities are widely dispersed throughout the region's 41,770 square kilometres as is a population of 44,124 residents. The region continues to see a pattern of population decline that has averaged 1.4% per year between 2000 and 2005. Long term projections suggest a similar trend. Heartland will continue to monitor activity in Heartland's 'oil patch' in the western part of the region to see if it will translate into increased residency.

Service Issues

As in 2004-05, the region continued to offer 509 LTC beds throughout 2005-06, and were not at full capacity at any time during the year. If current vacancy rates continue, the region faces increased pressure on operating budgets for LTC, a situation that is being monitored closely. In 2005, HHR had an average of 113 available beds per 1000 residents aged 75 and older, compared with the Canadian average LTC bed ratio of 96 per 1,000 residents aged 75 and older. As of 2005, the Saskatchewan average LTC bed ratio is 111 beds per 1,000 residents aged 75 and older.

Heartland continued to offer specialty programs in areas where there are low service volumes (e.g. obstetrics). This challenged the region's ability to maintain necessary staff skills, and raises questions about the sustainability of these specialty programs.

The region's 17 Emergency Medical Service sites, including 2 contracted services, responded to a total of 3,023 calls. Call volumes ranged from a low of 20 to a high of 559. Heartland employs 156 people in EMS sites, with 2 to 17 employees per site. The current ambulance fleet comprises 27 units. Current levels of capital equipment funding do not keep pace with Heartland's fleet replacement strategy of purchasing 3 units every 2 years. At this rate of replacement, it would take 18 years to upgrade the current fleet.

The operation of EMS sites that experience low service volumes (low number of calls) challenged the region's ability to recruit and retain EMS staff. Heartland is currently working to build its pool of First Responders by increasing the availability of training opportunities. As the region maintains its commitment to operate low service volume sites, available EMS operational funding has not allowed for staffing level increases necessary in higher service volume sites. Heartland identified this as one of its top priorities for reallocating operational funding in 2006-07.

As described on pages 9 and 11 of this report, Community Services are delivered by a small number of individuals, often working as a single professional. As well, a number of 'difficult

to recruit' positions remain vacant (e.g. therapists and public health inspectors). A single resignation or ongoing vacancies can leave a substantial gap requiring an adjustment of service levels provided.

Delivering the full array of community services into each Heartland community is unrealistic given the available professional staff and the amount of travel required. To ensure the continued and effective provision of community services throughout the Region, we are exploring the concept of 'zones' and 'focal points' for offering various services. This concept is very much in the preliminary stages of exploration, but is being considered for inclusion in Heartland's Strategic Plan currently under development.

Human Resources

Maintaining the current infrastructure translates directly into maintaining the necessary complement of health professionals to provide the health services that Heartland residents have come to expect. Challenges in recruiting and retaining RNs are constant and continue to impact services and costs. The limited availability of replacement staff is a significant cost driver with respect to sick time and overtime. Low service volumes in most of the region's acute care facilities that offer emergency stabilization and observation services undermine skill retention for RNs. The requirements for educational upgrading to meet clinical standards are a constant and increasing pressure on the education budget.

Staff training and leadership development remains a priority for the Heartland Health Region. To provide employees with the training and skills required for a safe working environment and quality services, the region is guided by legal requirements, contractual agreements, strategic regional needs and identified needs of employees. Responding to increasing requirements for staff training will continue to exert operational pressures on the region.

The results of the provincial Employee Opinion Survey (2005) and Heartland's Employee Survey (2003) both emphasize workload and stress as employee concerns. To effectively recruit and retain health professionals Heartland cannot ignore the importance of providing a quality workplace and a workload that allows for work/life balance.

An initiative started in 2005-06 to re-establish a single facility manager for each Heartland facility will continue in 2006-07. Cost cutting measures in past years resulted in a practice of 'twinning' where a facility manager was responsible for managing more than one facility. 'Untwinning' remains a top priority for available funding.

In addition, a premium is being placed on mentorship and leadership development and will remain a top priority in 2006-07 for available funding. The implementation of a five week orientation period for new practitioners of nursing will continue as a priority.

In an effort to establish a workable guideline for LTC care hours, Heartland had previously committed to providing 2.25 care hours per resident per day. Evaluation of this care hour ratio in relation to resident care requirements and staff workload has identified the need to

adjust the ratio to 2.40 care hours per resident per day. Gradual implementation of this staffing guideline will remain a priority for the Region in relation to available funding.

Public Confidence and Strategic Planning

Emerging issues identified in previous annual reports remained emergent throughout 2005-06. Population trends, health status information and the service utilization data continue to provide valuable information for the necessary long term planning for appropriate health services in Heartland.

Residents of Heartland communities are stakeholders with respect to the health services provided through the health region. They may be patients, residents, volunteers, Health Foundation members and community leaders. They are, in fact, important partners that need to know about and understand the various issues of providing health services in region. Heartland is committed to the development of a Strategic Plan that will identify strategic initiatives to guide the region's actions for three years. As part of the development process, stakeholders have been consulted for input and will continue to be consulted for reaction to the Draft Strategic Plan.

Heartland remains committed to the provincial priority of maintaining its current infrastructure. In moving toward the provincial health system goal that offers 'a sustainable, efficient, accountable and quality health system,' resources must to be allocated to where they are most needed. Evidence clearly indicates that this means making choices. The future challenge will be to make those choices based on evidence and ethical principles.

Management Report

May 1, 2006

Heartland Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Heartland Regional Health Authority. The financial statements have been prepared in accordance with the Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Ken Wersch
Chief Executive Officer

Stacey Bosch
VP of Corporate Services

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Financial Statements of

HEARTLAND REGIONAL HEALTH AUTHORITY

Year ended March 31, 2006

KPMG LLP
Chartered Accountants
600 - 128 Fourth Avenue South
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AUDITORS' REPORT TO THE AUTHORITY MEMBERS

We have audited the statement of financial position of Heartland Regional Health Authority as at March 31, 2006 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

KPMG LLP

Chartered Accountants

Saskatoon, Canada
May 1, 2006

KPMG LLP, a Canadian limited liability partnership is the Canadian member firm of KPMG International, a Swiss cooperative

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Financial Position

March 31, 2006, with comparative figures for 2005

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2006	Total 2005
Assets					
Current assets:					
Cash and short term investments (schedule 2)	$ 7,378,625	$ 1,471,543	$ 54,262	$ 8,904,430	$ 8,820,443
Accounts receivable:					
Saskatchewan Health	2,264,396	208,234	-	2,472,630	367,401
Other	773,800	14,882	-	788,682	628,807
Inventories	1,085,602	-	-	1,085,602	974,878
Prepaid expenses	306,116	-	-	306,116	320,319
	11,808,539	1,694,659	54,262	13,557,460	11,111,848
Investments (schedule 2)	1,235,072	380,561	-	1,615,633	689,423
Capital assets (note 3)		27,886,844		27,886,844	29,562,721
	$ 13,043,611	$ 29,962,064	$ 54,262	$ 43,059,937	$ 41,363,992
Liabilities and Fund Balances					
Current liabilities:					
Accounts payable	$ 2,272,506	$ 86,595	$ -	$ 2,359,101	$ 2,219,809
Accrued salaries	4,586,111	-	-	4,586,111	2,454,013
Vacation payable	4,123,026	-	-	4,123,026	3,707,811
Mortgages payable - current (note 5)	-	499,216	-	499,216	450,283
Long term debt - current (note 6)	-	127,695	-	127,695	171,676
Deferred revenue (note 7)	1,676,922	-	-	1,676,922	1,528,030
Interfund balance	(273,961)	273,961	-	-	-
	12,384,604	987,467		13,372,071	10,531,622
Mortgages payable (note 5)	-	8,394,243		8,394,243	8,905,793
Long term debt (note 6)	-	136,534	-	136,534	177,233
Total liabilities	12,384,604	9,518,244	-	21,902,848	19,614,648
Fund balances:					
Invested in capital assets	-	18,729,156	-	18,729,156	19,857,736
Externally restricted (schedule 3)	-	242,494	54,262	296,756	657,642
Internally restricted (schedule 4)	-	1,472,170	-	1,472,170	1,442,810
Unrestricted	659,007	-	-	659,007	(208,844)
	659,007	20,443,820	54,262	21,157,089	21,749,344
Commitments and contingencies (note 4)					
	$ 13,043,611	$ 29,962,064	$ 54,262	$ 43,059,937	$ 41,363,992

See accompanying notes to financial statements

On behalf of the Authority

Director

Director

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

Year ended March 31, 2006, with comparative figures for 2005

	Operating Fund				Restricted		
	Budget 2006	Capital Fund 2006	Community Trust Fund 2005	Total 2006	Total 2006	2006	2005
Revenues:							
Saskatchewan Health	$ 55,964,324	$ 58,476,256	$ 53,391,241	$ 1,555,002	$ -	$ 1,555,002	$ 2,184,029
Other provincial	94,440	98,550	131,066	338,530	-	338,530	368,243
Federal government	-	26,458		-	-	-	-
Patient fees	7,861,091	8,160,662	7,948,864	-	-	-	-
Out of province (reciprocal)	290,400	490,771	287,371	-	-	-	-
Donations	-	54,549	64,065	537,624	-	537,624	594,172
Investment	147,500	248,453	151,029	50,556	1,540	52,096	48,948
Recoveries	1,133,550	1,111,915	1,270,856	-	-	-	-
Other	306,430	281,020	441,266	2,981	-	2,981	-
	65,797,735	68,948,634	63,685,758	2,484,693	1,540	2,486,233	3,195,392
Expenses:							
Province wide acute care services	39,429	46,877	28,863	-	-	-	-
Acute care services	13,329,599	14,318,920	13,060,827	989,441	-	989,441	630,477
Physician compensation - acute	354,138	328,728	277,566	-	-	-	-
Supportive care services	30,524,036	32,168,103	30,088,247	2,480,015	-	2,480,015	3,107,189
Home based services - supportive care	5,290,519	5,361,848	5,158,050	41,598	-	41,598	13,116
Population health services	2,574,316	2,430,714	2,285,025	17,384	-	17,384	10,286
Community care services	2,928,842	2,840,649	2,651,024	9,665	-	9,665	8,878
Home based services - acute & palliative	562,165	566,015	550,283	875	-	875	1,048
Primary health care services	3,090,265	3,267,989	3,044,102	169,715	-	169,715	287,545
Emergency based services	3,024,598	2,895,448	2,847,118	237,738	-	237,738	200,761
Addictions services - residential	353,500	434,252	350,000	-	-	-	-
Physician compensation - community services	471,244	285,130	281,693	-	-	-	-
Program support services	3,209,091	3,106,901	2,890,465	7,767	-	7,767	1,267,276
Special funded programs	-	21,350	321	-	-	-	-
	65,751,742	68,072,924	63,513,584	3,954,198	-	3,954,198	5,526,576
Excess (deficiency) of revenue over expenses	$ 45,993	875,710	172,174	(1,469,505)	1,540	(1,467,965)	(2,331,184)
Fund balances, beginning of year	-	125,143	5,045	21,571,479	52,722	21,624,201	23,903,309
Interfund transfers (note 15)	-	(341,846)	(52,076)	341,846	-	341,846	52,076
Fund balances, end of year		$ 659,007	$ 125,143	$ 20,443,820	$ 54,262	$ 20,498,082	$ 21,624,201

See accompanying notes to financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

Year ended March 31, 2006, with comparative figures for 2005

	Operating Fund			Restricted		
	Capital Fund 2006	Community Trust Fund 2005	Total 2006	Total 2006	2006	2005
Cash provided by (used in)	Operating Activities			Financing and Investing Activities		
Excess (deficiency) of revenue over expenses	$ 875,710	$ 172,174	$ (1,469,505)	$ 1,540	(1,467,965)	$ (2,331,184)
Net change in non-cash working capital (note 8)	409,106	2,801,697	64,766	-	64,766	176,264
Amortization of capital assets	-	-	3,316,097	-	3,316,097	3,541,971
Loss on disposal of capital assets	-	-	33,448	-	33,448	1,407,166
Change in interfund balances	(175,726)	714,200	175,726	-	175,726	(714,200)
	1,109,090	3,688,071	2,120,532	1,540	2,122,072	2,080,017
Purchase of capital assets:						
Building/construction			(605,638)	-	(605,638)	(857,055)
Equipment			(1,068,030)	-	(1,068,030)	(853,245)
Redemption (purchase) of long term investments	(641,955)	(83,400)	(284,255)	-	(284,255)	172,494
	(641,955)	(83,400)	(1,957,923)	-	(1,957,923)	(1,537,806)
Repayment of debt	-	-	(547,297)	-	(547,297)	(494,578)
Issuance of debt	-	-	-	-	-	114,269
	-	-	(547,297)	-	(547,297)	(380,309)
Net increase (decrease) in cash and short-term investments during the year	467,135	3,604,671	(384,688)	1,540	(383,148)	161,902
Cash and short-term investments, beginning of year	7,253,336	3,700,741	1,514,385	52,722	1,567,107	1,353,129
Interfund transfers (note 15)	(341,846)	(52,076)	341,846	-	341,846	52,076
Cash and short-term investments, end of year	$ 7,378,625	$ 7,253,336	$ 1,471,543	$ 54,262	$ 1,525,805	$ 1,567,107

See accompanying notes to financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2006

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1. **Legislative authority:**

   On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

   On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continued as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

   The Heartland Regional Health Authority ("RHA") was created by the Act. The RHA is responsible for the planning, organization, delivery and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Heartland Health Region.

2. **Significant accounting policies:**

   These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

   (a) Health Care Organizations:

      i) The RHA has agreements with and grants funding to the following community based organizations (CBOs) and third parties to provide health services:

         - Canadian Mental Health Association (Saskatchewan Division) Inc.
         - Bridgepoint Centre for Eating Disorders Inc.

         Note 10b) i) provides disclosure of payments to CBOs and third parties.

      ii) The following affiliate is incorporated as follows (and is a registered charity under the *Income Tax Act*):

         - St. Joseph's Hospital of Macklin (incorporated under *The Regional Health Services Act*).

         The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

2. Significant accounting policies (continued):

This affiliate is not consolidated into the RHA financial statements. Alternatively, note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

(b) Fund accounting:

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

2. Significant accounting policies (continued):

(c) Revenue:

Unrestricted contributions are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

(d) Capital assets:

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Buildings	5%
Land improvements	5%
Equipment	6.25 to 33%

Donated capital assets are recorded at their fair value at the date of contribution if fair value can be reasonably determined.

(e) Inventory:

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on the first in, first out basis.

(f) Investments:

Investments are valued at the lower of cost or market.

2. Significant accounting policies (continued):

(g) Pensions:

Employees of RHA participate in several multi-employer defined pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

(h) Measurement uncertainty:

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital assets:

			2006	2005
	Cost	Accumulated amortization	Net book value	Net book value
Land	$ 330,111	$ -	$ 330,111	$ 332,891
Land improvements	484,232	387,897	96,335	74,957
Buildings	51,416,177	28,033,344	23,382,833	25,138,113
Equipment	17,213,089	13,818,805	3,394,284	3,312,725
Construction in progress	683,281	-	683,281	704,035
	$ 70,126,890	$ 42,240,046	$ 27,886,844	$ 29,562,721

4. Commitments and contingencies:

a) Capital assets acquisitions

At March 31, 2006, commitments for acquisition of capital assets were $131,689 (2005 - $244,000).

b) Operating leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2007	$	76,205
2008		51,093
2009		14,005
2010		1,481
2011		-

c) Joint job evaluation reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore, the cost of these reconsiderations cannot be reasonably determined.

5. Mortgages payable:

Title of Issue	Interest Rate	Annual Repayment Terms	2006	2005
Jubilee Lodge, Eston - SHC mortgage, due May 1, 2017	5.8%	$4,509 principal & interest. Mortgage renewal date - May 1, 2017	$ 37,227	$ 39,549
Wheatbelt Centennial Lodge, Rosetown - SHC mortgage, due Oct. 1, 2017	5.9%	$11,182 principal & interest. Mortgage renewal date - Oct. 1, 2017	92,590	98,219
Arm River Housing Corporation, Davidson - SHC mortgage, due Dec. 1, 2016	5.4%	$13,097 principal & interest. Mortgage renewal date - Dec. 1, 2016	107,067	114,264
Diamond Lodge Company Ltd., Biggar - SHC mortgage, due Jan. 1, 2017	5.4%	$10,674 principal & interest. Mortgage renewal date - Jan. 1, 2017	87,761	93,600
Unity & District Health Centre, Unity - SHC mortgage, due April 1, 2019	6.9%	$9,824 principal and interest. Mortgage renewal date - Apr. 1, 2019	85,087	88,999
Buena Vista Lodge, Kerrobert, SHC mortgage, due April 1, 2025	8.0%	$20,814 principal and interest. Mortgage renewal date - Apr. 1, 2025	205,307	209,772
Diamond Lodge Company Ltd., Biggar - SHC mortgage, due Aug. 1, 2025	8.0%	$11,743 principal and interest. Mortgage renewal date - Aug. 1, 2025	116,690	119,145
Outlook & District Pioneer Home Inc., Outlook - SHC mortgage, due Jan. 1, 2017	5.4%	$14,686 principal and interest. Mortgage renewal date - Jan. 1, 2017	120,771	128,804

5. Mortgages payable (continued):

Title of Issue	Interest Rate	Annual Repayment Terms	2006	2005
Heritage Manor, Kindersley - SHC mortgage, due May 1, 2021	5.0%	$289,327 principal and interest of which $89,076 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Sep. 1, 2014.	3,077,723	3,210,499
Prairie Manor, Dinsmore - SHC mortgage, due April 1, 2022	5.9%	$46,337 principal and interest of which $17,721 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2006.	482,288	499,943
Jubilee Lodge, Eston - SHC mortgage, due June 1, 2022	4.2%	$77,534 principal and interest of which $17,111 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Oct. 1, 2015.	916,286	950,627
Lucky Lake & District Special Care Home Inc. - SHC mortgage, due Oct. 1, 2021	4.3%	$42,330 principal and interest of which $10,031 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2016.	480,602	498,757
Prairie View Lodge, Davidson - SHC mortgage, due Dec. 1, 2020	5.1%	$46,995 principal and interest of which $15,107 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Dec. 1, 2013.	486,850	508,477

5. Mortgages payable (continued):

Title of Issue	Interest Rate	Annual Repayment Terms	2006	2005
Wilkie & District Centennial Nursing, Wilkie - SHC mortgage, due Feb. 1, 2008	5.6%	$122,223 principal and interest of which $30,720 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Jun. 1, 2006.	220,025	326,767
Diamond Lodge Company Ltd. - SHC mortgage, due April 1, 2019	4.2%	$78,732 principal and interest of which $16,419 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Oct. 1, 2015.	794,478	835,145
Outlook & District Pioneer Home, Outlook - SHC mortgage, due April 1, 2021	5.9%	$63,469 principal and interest of which $23,629 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2006.	634,972	660,603
Golden Years Lodge, Elrose - SHC mortgage, due Aug. 1, 2025	4.3%	$71,982 principal and interest of which $66,000 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2016.	947,735	972,906
			8,893,459	9,356,076
Less current portion			499,216	450,283
			$ 8,394,243	$ 8,905,793

5. **Mortgages payable (continued):**

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2007	$ 499,216
2008	526,083
2009	553,612
2010	582,611
2011	613,160
Subsequent	6,118,777
	$ 8,893,459

6. Long-term debt:

Title of Issue	Interest Rate	Annual Repayment Terms	2006	2005
Eston Health Centre - Royal Bank of Canada demand loan	6.40%	$50,700 principal and interest. Loan renewal date March 31, 2007	$ 88,409	$ 133,190
Rosetown Ambulance Lease, Saskatchewan Property Management Corp.	4.85%	$27,424 principal and interest. Lease term 5 years	75,909	101,450
Biggar Ambulance Garage, Town of Biggar	4.25%	$19,215 principal and interest. Loan maturity date December 7, 2011	99,911	114,269
			264,229	348,909
Less current portion			127,695	171,676
			$ 136,534	$ 177,233

Principal repayments required in each of the next five years is estimated as follows:

2007	$ 127,695
2008	41,781
2009	41,683
2010	16,959
2011	17,680
Subsequent	18,431
	$ 264,229

7. Deferred revenue:

	Balance beginning of year	Less amount recognized	Add amount received	Balance end of year
Saskatchewan Health Initiatives:				
Health Improvements Initiatives	$ 536,336	$ -	$ -	$ 536,336
Behavioural Management Initiatives	187,076	(34,594)	-	152,482
Primary Health Transition	91,079	(91,079)	-	-
Professional Development	79,669	(1,500)	-	78,169
Team Facilitator Position	78,600	(1,334)	-	77,266
Diabetes Strategy Program	76,658	(7,122)	-	69,536
Quality Health Workplace Initiative	61,741	(22,572)	-	39,169
Infant Mortality Risk Program	60,915	(3,714)	-	57,201
Mental Health Manager	60,000	-	-	60,000
Communication Systems	58,506	-	-	58,506
Primary Health System-MARS Software Program	42,435	-	-	42,435
Tri-District Parent Support	32,000	-	-	32,000
Workplace Wellness	30,111	(18,199)	-	11,912
Parent Support Program	24,371	(15,258)	-	9,113
Hospital Information Protection Act	19,200	-	-	19,200
Smoking Prohibitions	19,000	(4,440)	-	14,560
Primary Health Info Service	11,547	(1,516)	-	10,031
Aboriginal Awareness	11,464	(3,518)	736	8,682
Mental Health-Approved Homes	10,766	-	-	10,766
Adult Behavioural Management	10,017	-	-	10,017
Healthline	3,500	(3,500)	-	-
Occupational Health & Safety	2,484	(2,484)	-	-
Lucky Lake ACN Clinic	186	-	-	186
Saskatchewan Immunization Management	-	-	9,000	9,000
Hope Project	-	-	35,000	35,000
Out of Scope Compensation	-	-	47,743	47,743
Out of Scope Classification Plan	-	-	72,798	72,798
Public Health Inspection Enhancement	-	-	55,500	55,500
MDS Home Care	-	(23,629)	75,000	51,371
Short Term Home Care Initiative	-	(25,460)	50,000	24,540
Safety Engineered Needles Initiative	-	(4,120)	26,303	22,183
	1,507,661	(264,039)	372,080	1,615,702
Other initiatives:				
Evidence Based Decision Making Workshop	11,927	-	-	11,927
Former Greenhead Education Fund	8,442	(2,357)	-	6,085
Family & Schools Together	-	(10,746)	40,850	30,104
Watch Me Learn	-	-	6,104	6,104
Biggar Community Kitchen Program	-	-	7,000	7,000
	20,369	(13,103)	53,954	61,220
	$ 1,528,030	$ (277,142)	$ 426,034	$ 1,676,922

Restricted funding is recorded as revenue as the related costs are incurred.

8. Net change in non-cash working capital:

	Operating Fund		Restricted Funds			
	2006	2005	Capital Fund	Community Trust Fund	Total 2006	Total 2005
Accounts receivable	$ (2,288,448)	$ 976,277	$ 23,344	$ -	$ 23,344	$ 180,253
Inventory	(110,724)	17,185	-	-	-	-
Prepaid expenses	14,203	49,624	-	-	-	-
Accounts payable	97,870	1,557,317	41,422	-	41,422	(3,989)
Accrued salaries	2,132,098	(140,297)	-	-	-	-
Vacation payable	415,215	247,181	-	-	-	-
Deferred revenue	148,892	94,410	-	-	-	-
	$ 409,106	$ 2,801,697	$ 64,766	$ -	$ 64,766	$ 176,264

9. Patient and resident trust accounts:

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2006 was $16,287 (2005 - $15,987). These amounts are not reflected in the financial statements.

10. Related parties:

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related party transactions

Transactions with related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

10. Related parties (continued):

	2006	2005
Accounts receivable:		
Saskatchewan Health	$ 2,472,630	$ 367,401
Prepaid expenses:		
Workers' Compensation	$ 193,532	$ 212,242
SGI Canada Insurance Services Ltd.	25,056	26,691
	$ 218,588	$ 238,933
Accounts payable:		
Saskatchewan Healthcare Employees' Pension Plan	$ 367,026	$ 327,048
Sask Energy Incorporated	86,556	92,714
SAHO Disability Plan	84,696	77,842
Saskatchewan Health	56,422	-
Saskatchewan Property Management Corporation	53,096	50,072
St. Joseph's Hospital of Macklin	45,429	-
Saskatchewan Telecommunications	38,399	-
SAHO Dental Plan	34,960	-
Saskatoon Health Region	27,060	-
Saskatchewan Association of Health Care Organizations	14,614	-
Saskatchewan Finance	12,838	-
Minister of Finance	-	48,882
	$ 821,096	$ 596,558
Revenues:		
Saskatchewan Health	$ 60,031,258	$ 55,575,270
Saskatchewan Housing Corporation	338,530	368,243
Other	98,550	131,066
Workers' Compensation Board	-	111,721
	$ 60,468,338	$ 56,186,300
Expenses:		
Saskatchewan Healthcare Employees' Pension Plan	$ 2,427,559	$ 2,386,045
St. Joseph's Hospital of Macklin	1,393,417	1,261,671
SAHO Enhanced Medical/Extended Dental Plan	1,044,929	793,455
Saskatchewan Property Management Corporation	991,378	741,501
Workers' Compensation Board	904,329	1,025,740
Saskatchewan Power Corporation	684,836	701,670
SaskEnergy Incorporated	672,092	713,204
SAHO Disability Plan	542,906	521,668
Bridgepoint Centre for Eating Disorders Inc.	455,745	350,000
Saskatchewan Telecommunications	433,860	418,230
SAHO Dental Plan	423,809	426,649
Saskatoon Health Region	285,352	301,100
Saskatchewan Association of Health Care Organizations	134,170	110,224
Beechy Demain Emergency Services	69,018	76,856
Minister of Finance	59,436	48,894
Other Regional Health Authorities	55,833	83,360
Saskatchewan Finance	46,259	36,648
Public Employees Pension Plan	33,082	28,371
SGI Canada Insurance Services Ltd.	29,335	25,850
Elrose Ambulance Service	14,218	13,498
Public Service Superannuation Plan	-	12,276
	$ 10,701,565	$ 10,076,910

10. Related parties (continued):

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, RHA provided the following amounts to CBOs and third parties:

	2006	2005
Bridgepoint Centre for Eating Disorders Inc.	$ 455,745	$ 350,000
Canadian Mental Health Association (Saskatchewan Division) Inc.	23,471	22,375
	$ 479,216	$ 372,375

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with , and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to the RHA's affiliate:

	2006	2005
St. Joseph's Hospital	$ 1,393,417	$ 1,261,671
	$ 1,393,417	$ 1,261,671

10. Related parties (continued):

b) Health Care Organizations - continued:

ii) Affiliates - continued

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2006 and 2005 and for the years then ended:

	2006	2005
Statement of financial position:		
Current assets	$ 384,360	$ 458,094
Net capital assets	2,887,358	2,929,783
	$ 3,271,718	$ 3,387,877
Total liabilities	$ 255,165	$ 198,454
Total fund balances	3,016,553	3,189,423
	$ 3,271,718	$ 3,387,877
Results of operations:		
RHA grant	$ 1,393,417	$ 1,261,671
Other revenue	332,371	408,063
Total revenue	1,725,788	1,669,734
Salaries and benefits	$ 1,466,929	$ 1,365,371
Other expenses	431,729	395,947
Total expenses	1,898,658	1,761,318
Deficiency revenue over expenses	$ (172,870)	$ (91,584)

Other expenses includes amortization of $122,928 (2005 - $115,090).

Cash flows:		
Cash from operations	$ 63,925	$ 41,983
Cash used in financing activities	-	(87,622)
Cash used in investing activities	(80,503)	(36,562)
Decrease in cash	$ (16,578)	$ (82,201)

Cash used in investing activities includes capital purchases of $75,984 (2005 - $36,562).

11. Comparative information:

Certain 2004-05 balances have been reclassified to conform to the current year's presentation.

12. Pension plans:

Employees of the RHA participate in one of the following pension plans:

- Saskatchewan Healthcare Employee's Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

- Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $2,460,641 (2005 - $2,426,692) and is included in benefits in Schedule 1.

Contribution rates are as follows:

- 6.55% (2005 - 6.55%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus

- 8.23% (2005 - 8.23%) of pensionable earnings above the yearly maximum pensionable earnings (CPP).

13. Budget:

The RHA approved the 2005-2006 budget plan on June 1, 2005.

14. Financial instruments:

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Worker's Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- For cash, short-term investments and long-term investments, the fair value is disclosed in Schedule 2.

- The fair value of mortgages payable and long term debt before the repayment required within one year, is $5,707,453 (2005 - $6,136,767) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements and considering mortgage subsidies.

15. Interfund transfers:

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2006			2005		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (312,486)	$ 312,486	$ -	$ (13,722)	$ 13,722	$ -
SHC reserves	(29,360)	29,360	-	(38,354)	38,354	-
	$ (341,846)	$ 341,846	$ -	$ (52,076)	$ 52,076	$ -

Schedule 1

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object

Year ended March 31, 2006, with comparative figures for 2005

	Budget 2006	2006	2005
Operating:			
Board costs	$ 117,514	$ 124,101	$ 113,362
Compensation - benefits	8,076,229	8,238,103	7,813,364
Compensation - salaries	43,322,477	46,093,898	42,211,859
Diagnostic imaging supplies	128,050	84,816	110,985
Drugs	775,108	716,436	706,595
Food	1,275,901	1,167,284	1,234,420
Grants to ambulance services	57,662	83,236	72,430
Grants to third parties	1,661,547	1,872,633	1,634,046
Housekeeping and laundry supplies	570,176	561,921	510,883
Information technology contracts	269,550	184,323	200,114
Insurance	278,856	266,857	270,369
Interest	3,800	3,196	3,093
Laboratory supplies	555,878	552,589	520,068
Medical and surgical supplies	758,893	777,067	749,075
Medical remuneration and benefits	904,199	701,143	686,330
Office supplies and other office costs	434,497	432,931	376,814
Other	1,478,046	1,324,038	1,407,364
Other referred out services	334,629	326,394	316,586
Professional fees	516,139	455,936	453,257
Prosthetics	-	-	-
Purchased services	138,417	84,428	89,613
Rent/lease/purchases	823,095	825,508	752,570
Repairs and maintenance	480,677	555,312	584,405
Service contracts	359,879	420,154	396,923
Travel expense	906,877	777,034	797,788
Utilities	1,523,646	1,443,586	1,501,271
	65,751,742	68,072,924	63,513,584
Restricted:			
Amortization	-	3,316,097	3,541,971
Loss on disposal of capital assets	-	33,448	1,407,166
Other	-	604,653	577,439
	-	3,954,198	5,526,576
		$ 72,027,122	$ 69,040,160

Schedule 2

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

Year ended March 31, 2006

		Amount	Maturity	Effective Rate
Restricted cash and investments				
Cash and short-term investments:				
Chequing and savings:				
Rosetown Prairie Centre Credit Union	$	810,611		
Rosetown Prairie Centre Credit Union		54,262		
Credential Securities Investments		80		
		864,953		
Short-term investments:				
TD Premium Money Market		660,852		2.83%
		660,852		
		1,525,805		
Long-term investments:				
CPN-Province of Ontario		49,330	03-Nov-08	3.35%
GIC-Bank of Nova Scotia		48,152	16-Jul-09	4.35%
GIC-National Bank of Canada		48,152	16-Jul-08	4.10%
CPN-Province of Ontario		47,729	03-Nov-09	3.35%
CPN-Province of Ontario		46,184	03-Nov-10	3.35%
CPN-Province of Ontario		44,688	03-Nov-11	3.00%
CPN-Province of Ontario		43,241	03-Nov-12	3.35%
CPN-Province of Ontario		15,740	19-Nov-08	3.08%
CPN-Province of Ontario		8,041	03-May-11	3.83%
CPN-Province of Ontario		7,744	03-May-12	3.83%
CPN-Province of Ontario		7,459	03-May-13	3.83%
CPN-Province of Ontario		7,183	03-May-14	3.83%
CPN-Province of Ontario		6,918	03-May-15	3.83%
		380,561		
Total restricted cash and investments		1,906,366		
Unrestricted cash and investments				
Cash and short-term investments:				
Chequing and savings				
Rosetown Prairie Centre Credit Union		5,052,729		
Kerrobert Credit Union		471,385		
Biggar Credit Union		84,590		
Kindersley Credit Union		68,295		
Unity Credit Union		47,120		
Davidson Credit Union		47,092		
Wilkie Credit Union		36,795		
Lucky Lake CIBC		22,840		
Rosetown Prairie Centre Credit Union		22,153		
Petty cash		7,918		
RBC Dominion Securities		134		
Macklin Credit Union		5		
		5,861,056		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

Year ended March 31, 2006

		Amount	Maturity	Effective Rate
Short-term investments:				
GIC-Concentra	$	500,000	28-Aug-06	3.28%
GIC-Coast Cap		500,000	26-Feb-07	3.20%
GIC-Concentra		127,328	28-Aug-06	3.28%
GIC-Bank of Montreal		125,000	26-Feb-07	3.20%
GIC-Royal Bank		52,626	26-Apr-06	2.80%
GIC-Canadian Western Bank		52,626	26-Apr-06	2.82%
Co-op Equity Accounts		42,149		- %
GIC-B2B Trust		39,280	21-Jan-07	4.88%
GIC-Laurentian Bank		39,280	21-Jan-07	4.85%
GIC-Bank of Montreal		39,280	21-Jan-07	4.85%
		1,517,569		
		7,378,625		
Long-term investments:				
GIC-Concentra		618,070	27-Aug-07	3.41%
PRN Canada Housing Trust		125,955	15-Dec-08	3.67%
GIC-Concentra		125,000	27-Aug-07	3.41%
Government of Canada		120,795	1-Oct-09	3.91%
GIC-AGF Trust		70,000	16-Feb-11	4.36%
GIC-Equitable Trust		70,000	16-Feb-11	4.30%
GIC-NatCan		52,626	26-Apr-07	3.30%
GIC-National Bank of Canada		52,626	26-Apr-07	3.30%
		1,235,072		
Total unrestricted investments		8,613,697		
Total investments	$	10,520,063		

Market value of investments at March 31, 2006 was $10,578,094.

Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) are held in the Capital Fund (Schedule 4).

Restricted and unrestricted totals	
Total cash and short-term investments	$ 8,904,430
Total long-term investments	1,615,633
Total cash and investments	$ 10,520,063

Schedule 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2006, with comparative figures for 2005

Community Trust Fund Equity

	Balance beginning of year	Investment income	Donations	Expenses	Withdrawals	Balance end of year
Trust name:						
Greenhead District Home Care	$ 52,722	$ 1,540	$ -	$ -	$ -	$ 54,262
Total community trust fund	$ 52,722	$ 1,540	$ -	$ -	$ -	$ 54,262

Capital Fund

	Balance beginning of year	Donation income	Other income	Expenses	Transfer to investment in capital asset fund balance	Balance end of year
Designated for:						
Biggar Hospital	$ 101,672	$ 37,820	$ -	$ (49,955)	$ -	$ 89,537
Outlook Hospital	36,752	193,577	-	(226,333)	-	3,996
Biggar Diamond Lodge	93,117	7,818	-	(47,851)	-	53,084
Outlook Pioneer Home	509	6,523	-	(6,565)	-	467
Eatonia	1,019	-	-	-	-	1,019
Kerrobert	569	16,628	-	(13,689)	-	3,508
Kindersley	190,537	141,494	-	(392,503)	-	(60,472)
Rosetown	22,711	51,140	-	(70,314)	-	3,537
Unity	31,301	1,930	-	(6,182)	-	27,049
Davidson	7,400	5,457	-	(12,513)	-	344
Dinsmore	25,954	(1,990)	-	(4,974)	-	18,990
Elrose	4,728	952	-	-	-	5,680
Eston	23,650	19,107	-	(24,906)	-	17,851
Kyle	(28)	3,288	-	(6,973)	-	(3,713)
Lucky Lake	-	3,283	-	(3,283)	-	-
Wilkie	(2,172)	19,184	-	(20,861)	-	(3,849)
EMS	16,879	16,615	-	(5,147)	-	28,347
Home Care	4,524	7,894	-	(5,355)	-	7,063
Addictions	(140)	240	-	-	-	100
Region	681	1,468	-	-	-	2,149
Equipment	45,107	-	-	2,400	-	47,507
Population Health	150	5,196	-	(5,046)	-	300
Total	604,920	537,624	-	(900,050)	-	242,494
Total capital fund	$ 604,920	$ 537,624	$ -	$ (900,050)	$ -	$ 242,494
Total externally restricted funds	$ 657,642	$ 539,164	$ -	$ (900,050)	$ -	$ 296,756

Schedule 4

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances

Year ended March 31, 2006, with comparative figures for 2005

	Balance, beginning of year	Investment income allocated	Annual allocation	Transfer	Transfer	Balance, end of year
SHC Replacement Reserve:						
Biggar Diamond Lodge	$ 148,930	$ -	$ -	$ -	$ -	$ 148,930
Outlook Pioneer Home	103,270	-	-	-	-	103,270
Kerrobert Buena Vista Lodge	44,000	-	-	-	-	44,000
Kindersley Heritage Manor	224,880	-	-	-	-	224,880
Rosetown Wheatbelt Centennial Lodge	200,000	-	-	-	-	200,000
Unity & District Health Centre	124,250	-	-	-	-	124,250
Davidson Prairie View Lodge	243,790	2,045	27,315	-	-	273,150
Elrose & District Health Centre	74,000	-	-	-	-	74,000
Eston Jubilee Lodge	200,690	-	-	-	-	200,690
Wilkie & District Nursing Home	79,000	-	-	-	-	79,000
Total internally restricted funds	$ 1,442,810	$ 2,045	$ 27,315	$ -	$ -	$ 1,472,170

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from the Saskatchewan Housing Corporation.

The above schedule shows the changes in these reserve balances during the year.

Schedule 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration, Benefits and Allowances

Year ended March 31, 2006, with comparative figures for 2005

Board members	Retainer and per diems	Benefits1	Travel and other expenses	Total 2006	Retainer and per diems	Benefits and expenses	Total 2005
Chairperson:							
Lyle Leys	$ 22,522	$ 2,400	$ 4,358	$ 29,280	$ 24,941	$ 4,457	$ 29,398
	22,522	2,400	4,358	29,280	24,941	4,457	29,398
Board Member:							
Cindy Hoppe	2,950	1,373	1,009	5,332	4,415	854	5,269
Diane Javens	4,125	313	237	4,675	3,563	310	3,873
Gary Johnson	3,050	1,011	1,770	5,831	6,062	2,185	8,247
Les Langager	2,275	1,030	1,199	4,504	4,762	1,695	6,457
Carey Howie	2,075	620	833	3,528	-	-	-
Erhard Poggemiller	1,700	818	1,150	3,668	5,187	1,998	7,185
Betty Shapka	6,425	4,665	8,564	19,654	7,163	4,187	11,350
William Sittler	3,850	1,283	2,663	7,796	5,525	2,333	7,858
Wayne Vaxvick	3,100	631	1,018	4,749	4,863	1,395	6,258
Evelyn Wagner	3,050	1,385	1,859	6,294	6,162	1,457	7,619
George Siemens	3,350	300	961	4,611	4,925	1,209	6,134
Linda Neher	-	-	-	-	1,765	254	2,019
	35,950	13,429	21,263	70,642	54,392	17,877	72,269
Total	$ 58,472	$ 15,829	$ 25,621	$ 99,922	$ 79,333	$ 22,334	$ 101,667

(1) Benefits includes employer CPP and all travel time.

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2006, with comparative figures for 2005

Staff	Number of individuals	Salaries1	Benefits and allowances2	Sub-total	Severances: Number of individuals	Severances: Amount	Total 2006	Number of individuals	Salaries benefits and allowances	Severance	Total 2005
											(Restated)
Ken Wersch, CEO	1	$ 87,608	$ 25,495	$ 113,103	-	$ -	$ 113,103		$ -	$ -	$ -
Gene Motruk, Former CEO	1	60,883	-	60,883	-	-	60,883	1	127,810	-	127,810
	2	148,491	25,495	173,986	-	-	173,986	1	127,810	-	127,810
Senior positions:											
Linda Restau, VP of Community Services	-	-	-	-	-	-	-	1	37,850	-	37,850
Lefa Sproxton, VP of Community Services	1	103,293	-	103,293	-	-	103,293	1	37,524	-	37,524
Lefa Sproxton, VP of Corporate Planning	-	-	-	-	-	-	-	1	52,534	-	52,534
Dennis Moore, VP of Corporate Planning	1	90,342	-	90,342	-	-	90,342	1	39,571	-	39,571
Stacey Bosch, VP of Corporate Services	1	98,581	-	98,581	-	-	98,581	1	87,707	-	87,707
Linda Wasko Lacey, VP of Health Services	1	109,826	-	109,826	-	-	109,826	1	89,179	-	89,179
Sheila Pajunen, VP of Human Resources	1	99,798	-	99,798	-	-	99,798	1	88,340	-	88,340
	5	501,840	-	501,840	-	-	501,840	7	432,705	-	432,705
Dr. Dave Ledding, Senior Medical Manager	1	27,014	452	27,466	-	-	27,466	1	23,700	-	23,700
	1	27,014	452	27,466	-	-	27,466	1	23,700	-	23,700
Total	8	$ 677,345	$ 25,947	$ 703,292	-	$ -	$ 703,292	9	$ 584,215	$ -	$ 584,215

(1) Salaries include regular base pay, overtime, lump sum payments, honouraria/retainers/per diems, severance pay, non-taxable career assistance, education allowance, and any other direct cash remuneration including sick leave, short-term disability, vacation and differentials.

(2) Benefits and allowances include car allowance, employee taxable education expense, personal allowance, relocation allowance and RRSPs.

Governance and Transparency

The Heartland Health Region was formed on August 1st, 2002, one of twelve health regions constituted in Saskatchewan at that time. Through the Regional Health Services Act (RHSA), three former Health Districts were amalgamated into the Heartland Health Region: Prairie West, Greenhead and Midwest.

Legislated Responsibilities
The RHSA provided for the establishment of Heartland's twelve-member Regional Health Authority. Broadly, the Authority (board) is responsible to plan, organize, deliver, monitor and evaluate health services delivered in the region. More specifically, Heartland assesses the health needs of Heartland residents and coordinates delivery of the appropriate health services. Plans to provide these health services are submitted in an annual operational plan (containing annual budget estimates) to Saskatchewan Health, and are continually evaluated with a focus on quality improvement.

Leadership
As governing body for the Heartland Health Region's twelve- (12) member Regional Health Authority was appointed by the Minister of Health. Also appointed by the Minister of Health, RHA Chair Lyle Leys, and Vice-Chair Betty Shapka oversee twelve (12) RHA meetings held throughout the year. A vacancy on the RHA was filled in 2005 by the Minister's appointment of Carey Howie from Kindersley.

Policy Governance
The RHA is committed to an adapted policy governance model that frames an interdependent relationship between the Authority, regional stakeholders and Heartland's President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process.

Roles and Responsibilities
As defined by Saskatchewan Health's *Roles and Expectations Document,* the RHA must meet expectations within six (6) key areas of Strategic Planning, Fiscal Management and Reporting, Relationships, Quality Management, Monitoring, Evaluation, Reporting and Management and Performance. Also, the Accountability Document provided by Saskatchewan Health annually identifies specific program and service expectations for the health region.

The RHA reviewed the identified responsibilities in the Roles and Expectations Document on a monthly basis and the regional commitments of the Accountability Document on a quarterly basis.

Figure 8. Heartland Regional Health Authority. Back Row (L-R): Bill Sittler; Cindy Hoppe; Erhard Poggemiller; Gary Johnson; Wayne Vaxvick. Second row (L-R): Les Langager; Eve Wagner; George Siemens. Front Row (L-R): Carey Howie; Lyle Leys, Chair; Betty Shapka, Vice-Chair.

Table 2. Members of the Heartland Regional Health Authority and committees

Names of HRHA Board Members		
Lyle Leys, Chair	*Elrose*	
Betty Shapka, Vice-Chair	*Macklin*	
Cindy Hoppe	*Biggar*	
George Siemens	*Fiske*	
Wayne Vaxvick	*Outlook*	
Carey Howie	*Kindersley*	
Erhard Poggemiller	*Kerrobert*	
Gary Johnson	*Eston*	
Les G. Langager	*Loreburn*	
Bill G. Sittler	*Wilkie*	
Eve Wagner	*Unity*	
Executive Committee	**Internal Audit Committee**	**Ethics Committee**
Lyle Leys, Chair *Betty Shapka, Vice-Chair* *Gary Johnson*	*Lyle Leys, Chair* *Betty Shapka, Vice Chair* *George Siemens* *Eve Wagner* *Gary Johnson*	*Lyle Leys* *Wayne Vaxvick* *(the late) Diane Javens*
This committee did not find it necessary to meet in 2005-06.	This committee was activated in 2005-06 and will meet early in 2006-07.	This committee held four (4) meetings of the full committee in 2005-06.

Committee Structure

To support the Authority in fulfilling its responsibilities, it has established three standing committees:

Executive Committee – Comprising three (3) authority members (Chair, Vice-Chair and one (1) additional member) and the President/CEO, this committee attends to emergent issues when a full quorum of the Authority cannot be gathered.

Internal Audit Committee – Comprising five (5) authority members, this committee attends to matters of compliance and quality that reflect effective, efficient, transparent and accountable governance. The Authority committed in 2005-06 to activate this committee in early 2006-07.

Ethics Advisory Committee – Comprising authority members, staff and volunteers, this committee addresses Ethical Treatment and Services, Ethical Research and Ethical Decision Making and Resource Allocation.

Long Term Planning Committees

In March of 2005, the RHA established three (3) ad hoc committees to focus on the future of three areas of health services for the Heartland Health Region (Primary Health Care Services; Long Term Care Services and Emergency Medical Services). The committees were established for a period of one year, and completed their mandate. Their recommendations were included in the Region's Strategic Plan which is being prepared for implementation starting in 2007-08.

Each of these committees was made up of four (4) RHA members along with members of Heartland's management team. In making their recommendations, the committees considered a range of factors such as: quality of care; available human and financial resources; ethical issues with respect to access; community issues; provincial standards, service volumes and strategic location.

The work of these committees was presented at two strategic planning sessions involving the full RHA and Senior Leadership Team. Recommendations were discussed and considered for inclusion in the Strategic Plan.

Community Advisory Networks

The Authority remains committed to working and communicating with existing representative organizations, institutions and agencies to share information and obtain input into issues relating to health services. In particular, the RHA has worked closely with different individual community groups to successfully resolve issues related to equipment requirements, service levels and resident concerns. Heartland strongly believes in networking through existing groups rather than establishing another formal layer.

The RHA maintains ongoing links through a variety of groups, organizations and processes such as:

- Delegations at Authority meetings

- Reporting member of West Central Municipal Government Committee
- Consistent contact with local Health Foundations
- Links to Rural Economic Development Associations
- Participation in Regional Intersectoral Committees
- Liaison and planning with School Divisions and Regional Colleges
- Regular contact and appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attendance at focus groups

Commitment to Public Transparency

Heartland remains committed to the continuous sharing of important information to assist the public in understanding the issues of providing health services and programs in Heartland. Monthly meetings of the Authority remain open to the public and local media regularly attend and report on the decisions and discussion. Meetings were held in the communities of Dinsmore, Outlook, Kindersley, Milden and Rosetown during the past year. A media release is issued following each regular Authority meeting highlighting discussions, decisions and presentations.

Heartland committed to the development of a three-year Strategic Plan throughout 2005-06. To involve Heartland staff and stakeholders in developing the vision for the Strategic Plan, the region held a series of meetings and consultations. In November and December of 2005, President/CEO, Ken Wersch, and members of the Senior Leadership Team visited 14 different communities and health facilities to present information about the region. Two hundred twenty-seven (227) staff participated in the sessions, and provided input and feedback to two specific questions:

- *What changes do you see in your community in the next 5 years?*
- *What changes do you see in health care in the next 5 years?*

In March of 2006, stakeholder meetings were held in seven different community locations throughout Heartland. A variety of stakeholders were invited including municipalities, school divisions and community health foundations in Heartland. Heartland's Chair, Lyle Leys, and its President/CEO, Ken Wersch, presented information about the Heartland Health Region and once again received thoughts and feedback to the two above-mentioned questions.

Heartland will share the *draft Strategic Plan* with staff and stakeholders for input and reaction prior to it being adopted by the RHA.

Payee Disclosure Lists

Accompanying the Annual Report are the Personal Services Payee Disclosure List and the Supplier Payment List. Payee disclosure requirements relate to payments made for the fiscal year reported in the Annual Report. The Saskatchewan Treasury Board determines the threshold required disclosure. The minimum threshold for the 2005-06 fiscal year was $50,000 for Payees in all categories including: personal services, transfers, supplier payments and other expenditures.

The Payee Disclosure Lists for all Regional Health Authorities are available on the Saskatchewan Health website at www.gov.sk.ca.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, overtime honorariums, severance pay, education leave allowance, taxable education expenses, car allowances and any other direct cash remuneration including sick leave, short-term disability vacation and differentials which total $50,000 or more.

ADAMOWSKI	GAIL	$ 71,530	DAVID	LAURA	$ 54,294
ADAMOWSKI	LEO	$ 69,804	DAVIDSON	LEEANN	$ 66,215
ANDERSON	BRENDA	$ 65,841	DEGENSTEIN	ROBERT	$ 64,057
ANDREWS	JACKLIN	$ 75,118	DEIBERT	KERRY	$ 69,176
ANGELOPOULOS	JOSEPHINE	$ 72,052	DENNEY	JANE	$ 55,967
ARNOLD	BEVERLY	$ 60,247	DERDALL	LINDA	$ 53,781
BARKER	DOUGLAS	$ 51,809	DESROSIERS	CHERYL	$ 53,296
BARTLETT	RHONDA	$ 59,478	DESROSIERS	WANDA	$ 69,284
BECKER	LINDA	$ 80,174	DIES	ANN MARIE	$ 65,666
BEDIER	LOUISE	$ 62,148	DOSHEN	CECILY	$ 53,465
BELAK	RONALD LE	$ 65,221	DRURY	SHIRLEY	$ 63,395
BELL	BETTY	$ 90,006	DUERKSEN	LORETTA J	$ 70,004
BERIAULT	DORIS	$ 74,666	DUNN	BONNIE	$ 52,550
BLACKWELL	TAMMY	$ 50,638	DUPUIS	JO-ANN	$ 57,230
BLAIS	ALBERT	$ 69,404	EDBOM	ROBERT	$ 92,093
BLANCHETTE	DEBRA	$ 69,627	EDMONDS	ANNEMARIE	$ 68,885
BOKITCH	ALLISON	$ 59,668	EDSTROM	DIANNE	$ 68,045
BOND	CHRISTY	$ 60,176	ETSELL MCLEOD	ELAINE	$ 65,152
BORNE	RODNEY	$ 53,870	EYRE	GWEN	$ 56,948
BOSCH	STACEY	$ 98,581	FAGNOU	JULIA	$ 69,386
BOTHNER	CHARLOTTE	$ 51,173	FELTIS	ELAINE	$ 72,624
BOUCHER	COLLEEN	$ 72,052	FISHER	MARY PAT	$ 64,429
BOYLE	ALAN	$ 81,401	FLAD	MELONI	$ 55,149
BRADLEY	LINDA	$ 53,769	FRERICHS	JENNIFER	$ 60,887
BRENNER	RICHARD	$ 57,995	FRITZ	MARION	$ 72,395
BRIGHAM	WENDY	$ 64,118	GAFF	JO ANN	$ 50,167
BROWN	BARBARA	$ 63,115	GEORGE	DOREEN	$ 65,712
BROWN	CORINNE	$ 54,279	GEREIN	NICOLE	$ 58,921
BROWN	LAVERN	$ 89,453	GILCHRIST	MARTHA	$ 66,559
BROWN	WANDA	$ 65,020	GLESSING	CAROLYN	$ 82,146
BUCKTON	MICHELE	$ 60,983	GROSS	EDITH	$ 71,518
BUECKERT	AUDREY	$ 71,239	HADUIK	CONNIE	$ 65,387
CHEYNE	JAMES	$ 65,444	HAM	LESLIE	$ 69,702
CHOLIN	SHANNON	$ 63,096	HARACH	JOLEEN	$ 52,835
CHRISTENSEN	ELIZABETH	$ 66,099	HARLEY	WENDY	$ 73,449
COLE	KAREN	$ 62,710	HARTSOOK	REID	$ 61,125
COLLINS	DIANE	$ 51,516	HAUBRICH	SHARON	$ 71,477
COOL	GLORIA	$ 78,388	HAYES	BRENT	$ 87,247
COWELL	BARBARA	$ 84,517	HAYNES	BARBARA	$ 53,698
CRICKETT	VALERIE	$ 82,198	HAYWARD	SHARON	$ 52,694
CROSSMAN	LINDA	$ 53,665	HAZEL	GLENDA	$ 65,664
CUPPLES	STEVE	$ 60,857	HEALEY	COLLEEN	$ 55,547

HEALEY	SHERRI	$ 62,302	MCPHERSON	THELMA	$ 51,489
HEIDT	TRACY	$ 69,148	MCRAE	DIANA	$ 55,516
HEILMAN	AUDRY	$ 66,063	MERKEL	GORDON	$ 94,395
HELMAN	MARIE	$ 51,240	MEYER	JANICE	$ 64,155
HENDRICKS	MARLENE	$ 51,329	MILLER	E RUTH	$ 65,699
HERMANSON	RUTH	$ 52,763	MILLER	FELICITAS	$ 64,931
HILL	CAROL	$ 74,394	MILTON	DEBBIE	$ 70,066
HOGG	DARLENE	$ 57,083	MOORE	DENNIS	$ 90,134
HOLLER	BERNIE	$ 65,109	MOORE	SUSAN	$ 87,945
HOLTON	IAN	$ 61,097	MORESIDE	DIANNE	$ 64,468
HORN	VIRGINIA	$ 65,849	MORHART	NICOLE	$ 60,408
HUBER	CAROL	$ 72,706	MOTRUK	EUGENE	$ 60,409
HUBER	LOIS	$ 59,475	NEUMEIER	BRENDA	$ 66,636
JACKSON	LINDSAY	$ 52,318	NICKEL	MELVIN	$ 57,945
JAINDL	SHARON	$ 52,014	OSMAN	JOY	$ 79,967
JESKE	JUDY	$ 59,540	PAJUNEN	SHEILA	$ 99,798
JOHNSON	KATHRYN	$ 57,188	PALMER	CATHERINE	$ 65,841
KAUTH	PAMELA	$ 59,734	PARK	GLORIA	$ 50,228
KENNEDY	CARMEN	$ 57,506	PARKINSON	SHIRLEY	$ 68,251
KERNOHAN	BEVERLY	$ 64,438	PERRIN	MARGOT	$ 53,398
KIRKNESS	BRIAN	$ 56,219	POLETZ	DENISE	$ 69,427
KNORR	NANCY	$ 70,663	PRINCE	JOHN	$ 60,069
KOENDERS	KRISTA	$ 68,486	PURCELL	LINDA	$ 91,344
KOOP	CAROLYN J	$ 66,453	RANKIN	ANNE	$ 72,663
KREKOSKI	GAIL	$ 66,925	READ	RUTH	$ 76,628
KROGSTAD	VIVIAN	$ 81,184	REDDEN	DEBBIE	$ 64,742
KRONBERG	DIANE	$ 64,066	REED	LORRY	$ 60,061
KUNTZ	SYLVIA	$ 60,057	RHODES	CAROL	$ 84,693
KURULAK MILNE	DEBORAH	$ 66,326	RIENDEAU	GAYLE	$ 84,880
LANGAGER	JUDY	$ 58,686	RINGROSE	CATHY	$ 86,421
LARSEN	LINDA	$ 73,380	RITCHIE	ADELE	$ 67,408
LAVIGNE	BEVERLEY	$ 81,818	RITCHIE	DAWN	$ 61,245
LEGROW	WENDY	$ 51,362	RITZ	SUSAN	$ 64,134
LILBURN	CHRISTINE	$ 67,704	ROBSON	SHELLY	$ 69,493
LITZ	HEATHER	$ 50,740	ROSZELL	JOAN	$ 58,270
LONGTIN	CATHY	$ 62,996	ROTH	KATHY	$ 68,727
LOW	BONNIE	$ 71,683	RYAN	CAROL	$ 63,716
MACRAE	JOAN	$ 68,817	RYSAVY	BEVERLEY	$ 56,489
MAGNUS	MARILYN	$ 50,337	SCHMIEDGE	ADRIAN	$ 59,929
MAHARAJ	MONA L	$ 71,936	SCHOLER	BRENDA	$ 76,320
MAHARAJ	SUBHAS	$ 75,873	SENGER	DIANA	$ 58,086
MANN	GAYLEEN	$ 56,207	SERFAS	KAREN	$ 86,326
MASSIE	LESLEY	$ 56,470	SHEREMETA	DONALD W	$ 57,185
MAY	CARLA	$ 51,050	SIBLEY	TANISLEI	$ 55,962
MCCONNELL	SYLVIA	$ 65,122	SIMONSON	SUSAN	$ 57,474
MCCORMICK	ANN	$ 58,991	SIROSKI	PATSY	$ 62,810
MCDONALD	BRENDA	$ 66,976	SKINNER	THERESA	$ 53,872
MCKENZIE	VALERIE	$ 53,217	SLYWKA	SHARON	$ 51,204

SMITH	DARLENE	$ 65,981	WAGNER	LESLIEANN	$ 65,571
SMITH	SANDY	$ 59,245	WALKER	CHERYL	$ 58,238
SPIGOTT	SHARON	$ 53,057	WALKER	EVELYN	$ 65,988
SPROXTON	LEFA	$ 102,959	WARREN	LYNNE	$ 61,235
STANLEY	LEESA	$ 68,624	WASKO-LACEY	LINDA	$ 109,493
STEIERT	AUDREY	$ 69,537	WEBER	DAWN	$ 58,835
STOPANSKI	VALERIE J	$ 58,564	WEBER	TRAVIS	$ 57,806
STORY	TERRI	$ 58,876	WEBSTER	LINDA	$ 58,480
STRATTON	CARLA	$ 67,556	WEISZ	THOMAS	$ 65,584
SUTER	DONNA	$ 54,247	WELLS	SHIRLEY	$ 58,461
SUTHERLAND	DONNA	$ 78,250	WELLS	STACEY	$ 61,891
TAYLOR	SHERI	$ 58,058	WENZEL	KRISTENE	$ 57,199
TERNES	ALVIN	$ 60,027	WERSCH	KEN	$ 114,785
TERNES	DALE	$ 73,868	WESTON	MARLENE	$ 78,797
THORPE	KATHLEEN	$ 62,774	WIEBE	DIANNE	$ 63,801
TUNALL	MARJORIE	$ 72,830	WIENS	CHRISTINE	$ 67,614
TURNER	KATHLEEN	$ 63,757	WIENS	JOEANN	$ 64,155
VANTHUYNE	MARLENE	$ 53,202	WILDEMAN	BERNIE	$ 59,501
VAVRA	DONNA	$ 63,924	WILLIAMS	MARILYN	$ 65,783
VAXVICK	JEAN	$ 54,055	WISTE	SHEILA	$ 72,442
VETTER	AUDREY	$ 52,214	WYLIE	JACQUELIN	$ 66,466
VOLK	BEVERLEY	$ 58,013	ZAMULINSKI	AUDREY	$ 50,585
VOLK	DONALD	$ 50,613			

Payee Disclosure List: Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

BRIDGEPOINT	$ 455,745
INDIVIDUALIZED HOME CARE FUNDING	$ 59,172
ST. JOSEPH'S HEALTH CENTRE	$ 1,393,417

Payee Disclosure List: Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

ABBOTT LABORATORIES LIMITED	$ 52,399
ARJO CANADA INC.	$ 109,340
ASSOC. RADIOLOGISTS OF S'TOON	$ 257,163
BAYER INC	$ 85,353
BECKMAN COULTER CANADA INC.	$ 112,733
BEECHY/DEMAINE EMERGENCY SERVICES	$ 69,018
bioMerieux CANADA, INC	$ 51,493
BUNZL CANADA - OAKVILE	$ 82,655
CAN-med HEALTHCARE	$ 108,393
DAIRYLAND FLUID DIVISION LTD.	$ 128,853
DR. J.C. COOPER	$ 269,657
EATONIA OASIS LIVING INC.	$ 69,574
FUTUREMED HEALTH CARE PRODUCTS	$ 111,544

GRAND & TOY		$ 147,076
HOSPIRA HEALTHCARE CORPORATION		$ 118,880
JOHNSON & JOHNSON		$ 284,685
KPMG		$ 52,212
M.D. AMBULANCE & CARE LTD		$ 90,319
MANN AGENCIES		$ 216,839
MCKESSON CANADA		$ 152,905
MINISTER OF FINANCE		$ 59,438
MOMENTUM HEALTHWARE		$ 60,378
PENTAX CANADA INC.		$ 157,076
PERIDOT GROUP INC		$ 69,091
RCDP / CPDN		$ 230,696
SASK ASSOC. OF HEALTH ORGAN.		$ 134,170
SASK DEPARTMENT OF PROPERTY MANAGEMENT		$ 991,378
SASK ENERGY INCORPORATED		$ 672,092
SASK POWER CORP		$ 684,836
SASK TEL		$ 433,860
SASKATOON HEALTH REGION		$ 285,352
SCHAAN HEALTHCARE PRODUCTS		$ 738,034
SIMPLEX/GRINNELL		$ 56,725
SOURCE MEDICAL CORPORATION		$ 84,831
STONE HUTCHINSON ARCHITECTS LTD.		$ 557,467
SYSCO FOOD SERVICES OF REGINA		$ 714,534
VITAL AIRE		$ 132,163
WBM OFFICE SYSTEMS		$ 70,151

Payee Disclosure List: Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

GREAT WEST LIFE ASSURANCE CO		$ 273,893
SAHO - DENTAL PLAN		$ 423,809
SAHO - DISABILITY INCOME PLAN		$ 542,906
SAHO - EXTENDED BENEFITS PLAN		$ 1,044,929
SASK. WORKERS COMPENSATION BOARD		$ 904,329
SASKATCHEWAN REG. NURSES ASSOC		$ 104,294
SASKATCHEWAN UNION OF NURSES		$ 174,142
SEIU		$ 338,098
SHEPP - PENSION PLAN		$ 2,427,559

2005-06 Performance Management Summary

The Performance Management Accountability Indicators table provides information on Heartland Health Region's performance relative to indicators defined by Saskatchewan Health and outlined in the *Action Plan for Saskatchewan Health Care,* as well as a Financial Summary. It serves as a reference tool for the Heartland Health Region in reporting on and interpreting the indicators in the 2005-06 Accountability Document. The Accountability Document, in turn, provided the framework for Heartland's Performance Plan, and is the tool by which the region's management provided quarterly reports to the Authority on progress made toward priorities identified by the province and the region.

The source of data for the Heartland Health Region information is Saskatchewan Health. The information in the provincial comparison and Provincial Range columns has been provided by Saskatchewan Health. This information enables comparison between the Heartland Health Region and the other regional health authorities in the province. For further information on technical interpretations and definitions of the indicators below, refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator	RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled[1] *as of March 2006*	Accreditation with Report (June 2004)	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2004/2005*	41	*not applicable*	*not applicable*	*to be determined*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2004/2005*	87.5%	83%	58% – 96%	*to be determined*
Percentage of critical incidents meeting timeframe for notification (3 days) *2005/2006*	100%	96.9%	94.2% – 100.0%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) *2005/2006*[2]	*data currently not available*	*data currently not available*	*data currently not available*	100% compliance

Indicator		RHA Value	Provincial Value	Range	Target
Health Human Resources					
Number of sick leave hours per full time equivalent (FTE) by affiliation *2005/2006*	Provider Union (SEIU)	90.59	90.60	79.59 – 116.42	____[5]
	HSAS	71.95	64.00	45.01 – 123.48	____[5]
	OOS/OTHER[3]	31.63	48.09	30.44 – 61.87	____[5]
	SUN	82.43	91.94	53.66 – 98.79	____[5]
	All Affiliations	84.29	85.18	69.24 – 103.96	____[5]
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2005/2006*	Provider Union (SEIU)	27.35	32.83	15.22 – 80.89	____[5]
	HSAS	48.68	24.75	0.35 – 88.09	____[5]
	OOS/OTHER[3]	2.02	3.17	0.00 – 10.15	____[5]
	SUN	50.43	72.44	24.61 – 426.41	____[5]
	All Affiliations	30.79	38.06	17.96 – 130.02	____[5]
Distribution of health system full time equivalents (FTEs) by affiliation *2005/2006*	Provider Union (SEIU)	714.40	*not applicable*	*not applicable*	*not applicable*
	HSAS	56.44			
	OOS/OTHER[3]	66.25			
	SUN	170.59			
	All Affiliations	1007.68			
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2005/2006*		6.75	8.07	4.48 – 10.57	____[5]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2005/2006*		190.64	447.10	190.64 – 618.66	____[5]
Percentage of employees self-identifying as Aboriginal *2003/2004*[6]		0.1%	*not available*	*not applicable*	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Worked hours as a percentage of total hours by affiliation *2005/2006*	Provider Union (SEIU)	79.1%	79.3%	73.7% – 80.2%	——[5]
	HSAS	81.8%	82.2%	76.4% – 84.4%	——[5]
	OOS/OTHER[3]	84.7%	84.0%	80.9% – 87.1%	——[5]
	SUN	78.1%	76.0%	63.7% – 78.7%	——[5]
	All Affiliations	79.5%	79.2%	73.2% – 80.4%	——[5]
Financial					
Working capital ratio (current ratio) *2005/2006*		1.01	*not applicable*	0.36 – 2.02	*to be determined*
Number of days able to operate with working capital *2005/2006*		0.17	*not applicable*	(62.41) – 18.50	*to be determined*
Surplus/deficit *2005/2006*		$875,710[13]	*not applicable*	($1,507,000) – $5,002,000	$0
Surplus/deficit as a percentage of actual operating expenditures *2005/2006*		1.3%	*not applicable*	(1.2%) – 1.3%	0.0%
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2005/2006 [yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[10] *2004/2005*	Child / Youth	*Suppressed in order to protect privacy*	*not applicable*	*not applicable*	*to be determined*
	Adult	68.8			
Acute Care Services					
Number of surgical cases[13] *2005/2006*		253	*not applicable*	*not applicable*	——[14]

[13] This value includes transfers made to capital. In reporting a surplus of $533,862 (0.8% of the region's total budget), Heartland Health Region is excluding those transfers.

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of surgical cases performed as day surgery[13] *2005/2006*		39.0%	54.4%	39.0% – 66.6%	*to be determined*
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames[13] *2005/2006*	Priority Level II within 3 weeks	72.7%	56.3%	44.1% – 97.5%	95%
	Priority Level IV within 3 months	100%	65.1%	46.4% – 100.0%	80%
	Priority Level VI within 12 months	100%	84.2%	72.9% – 100.0%	80%
Institutional Supportive Care Services					
Average wait time between approval for placement and placement for institutional supportive care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Case mix index for institutional supportive care facilities[15] *as at the end of Q2 2005/2006*		0.76	0.77	0.75 – 0.80	*to be determined*
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[15] *as at the end of Q2 2005/2006*		27.3%	22.2%	15.2% – 29.8%	*to be determined*
Home-Based Supportive Care Services					
Average wait time between assessment and commencement of supportive home care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Population Health Services					
Percentage of eligible population receiving recommended immunization at second birthday[16] *July 1, 2004 to June 30, 2005*[17]	Diphtheria	85.5%	72.9%	50.0% – 86.5%	*to be determined*
	Measles	82.3%	71.2%	50.0% – 83.9%	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *2005/2006*[18]		*data currently not available*	*data currently not available*	*data currently not available*	90% compliance

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2004/2005*	FEE – Food Eating Establishment	60.95%	*not applicable*	16.91% – 100.77%	80% – 100%
	FPL – Food Processing (Licensed)	37.21%	*not applicable*	0.00% – 96.43%	
	LA – Licensed Accommodations	75.68%	*not applicable*	28.66% – 100.00%	
	SWT – Swimming Pools / Water Themes	90.91%	*not applicable*	12.00% – 100.00%	
	Public Water Supplies	64.34%	*not applicable*	21.23% – 99.28%	
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[19] *2003*[20]	Males	23.9%	24.6%	20.8% – 40.7%	*to be determined*
	Females	14.1%	23.1%	11.6% – 42.0%	
Influenza immunization rate per 100 population (age 65 years and over) *2004/2005*		68%	68%	57% – 75%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2004/2005*		80.9%	54.5%	35.7% – 80.9%	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2006*		11.9%	26.6%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Total number of new primary health care teams developed in the current year *2005/2006*		0	*not applicable*	*not applicable*	*not applicable*
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that includes an updated Diabetes Plan *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that outlines potential primary health care financial requirements *March 2006 [yes/no indicator]*		No	*not applicable*	*not applicable*	Yes

Indicator		RHA Value	Provincial Value	Range	Target
RHA participated in 5-year evaluations of demonstration sites, as required *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Mental Health and Addiction Services					
Average wait time for admission to alcohol and drug inpatient services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2005/2006*		4.6%	*not applicable*	3.4% – 10.5%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[23] *2002-2004*		5.5	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[23] *2002-2004*		6.0	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[23] *2002-2004*		12.9	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[19] *2001*	Circulatory Diseases	909.3	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1550.2	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	63.5	222.9	63.5 – 376.5	
	Unintentional Injuries	1203.1	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	458.5	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[19] *1996*[24]	Males	69.2	66.6	61.8 – 69.2	*to be determined*
	Females	71.6	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[19] *1996*[24]	Males	11.0	11.2	8.7 – 12.1	*to be determined*
	Females	12.8	12.7	8.4 – 13.2	
Life expectancy (at birth)[19] *2001*[25]	Males	75.6	76.2	72.1 – 78.2	*to be determined*
	Females	81.9	81.8	76.1 – 82.8	

Indicator		RHA Value	Provincial Value	Range	Target
Life expectancy (at age 65 years)[19] *2001*[25]	Males	16.3	16.9	15.6 – 18.0	*to be determined*
	Females	20.0	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[19] *2003*[20]		62.9	59.5%	47.6% – 63.7%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[19] *2003*[20]	Overweight (BMI 25.0-29.0)	37.1%	35.8%	31.7% – 41.8%	*to be determined*
	Obese (BMI 30.0+)	23.6%	20.5%	16.4% – 27.2%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[19] *2003*[20]	Active / moderately active	46.0%	49.8%	41.7% – 56.1%	*to be determined*
	Inactive	50.3%	47.8%	41.0% – 56.4%	
Number of visits to a physician for a mental health reason *2004/2005*	General Practitioners	4289	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	345			
Age-adjusted diabetes prevalence rate per 1,000 population[26] *2003/2004*		46.1	*not applicable*	46.1 – 91.3	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2003/2004*	Males	14.1	11.1	8.4 – 28.7	*to be determined*
	Females	8.1	7.1	5.3 – 15.5	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2003/2004*	Males	10.6	14.9	10.2 – 23.0	*to be determined*
	Females	27.8	25.4	0.0 – 38.3	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed information about all of the indicators presented in this summary.

1 The content of this indicator changed from the 2004/2005 summary (the date of (last or scheduled) CCHSA accreditation, instead of the accreditation status).

2 Data on critical incident written report submission will always lag by up to 6 months because of the timeframe in which reports may be submitted. Data is currently not available for the complete 2005/2006 fiscal year.

3 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

4 The RWDSU category is applicable to Regina Qu'Appelle only.

5 Benchmark development is still in progress for the health human resources indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

6 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2003/2004, and is not available for Sun Country, Five Hills, Prairie North or the province as a whole. These values were also reported in Saskatchewan Health's "2005-2006 Provincial Budget Performance Plan" and "2006-2007 Provincial Budget Performance Plan".

7 MRI indicator is applicable to Regina Qu'Appelle and Saskatoon only.

8 CT indicator is applicable to Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Prince Albert Parkland, and Prairie North only.

9 SHNB indicator is applicable to Prairie North only.

10 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

11 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

12 Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.

13 Surgical indicators are not applicable to Mamawetan Churchill River and Keewatin Yatthé.

14 The 2005/2006 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

15 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.

16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

17 The reporting period for "Percentage of eligible population receiving recommended immunization at second birthday" changed from what was used for the 2004/2005 summary (July 1 to June 30, instead of calendar year).

18 Data on *Tobacco Control Act* compliance is currently not available due to system implementation issues.

19 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

20 The Canadian Community Health Survey (CCHS) is updated bi-annually, so results will be the same as those reported for 2004/2005.

21 Mental health inpatient indicators are not applicable to Heartland, Kelsey Trail, Mamawetan Churchill River, and Keewatin Yatthé.

22 "Alcohol and drug inpatient treatment completion rate" is applicable to Regina Qu'Appelle, Saskatoon, Prairie North, Mamawetan Churchill River, and Keewatin Yatthé only.

23 The calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used for the 2004/2005 summary. The time period also changed (three consecutive years, instead of five).

24 Statistics Canada is no longer calculating this measure (they replaced it with a similar measure, "Health Adjusted Life Expectancy (HALE)", but it is not available at the regional level). Therefore, results will be the same as those reported for 2004/2005.

25 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results will be the same as those reported for 2004/2005.

26 Diabetes cases are now determined using the prescription drug database along with the hospital separations and physician services databases. Caution should be exercised if comparing results to those that were presented in the 2004/2005 summary.